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ABSTRACT

Volume II contains handouts and transparencies for use with the trainers' guide, a manual for administrators, assessment personnel, and others involved in the development and implementation of individualized education programs (IEPs) for handicapped children in Wyoming. The instructional materials are organized by module subtopics (except for IEP implementation which is contained totally in Volume III). The following is a list of the modules with sample transparency and handout topics in parentheses: preliminary steps (radio and television announcement, a referral form, and guidelines for structuring committee meetings): screening (steps to be followed in implementing a district screening program): multidisciplinary assessment (evaluation procedures and bibliography of language dominance measures): determination of eligibility (eligibility report form and placement procedures): IEP development (sample annual goal statements): and IEP review procedures (parent notification forms and procedures for comprehensive reassessment of students receiving special education services). (PHR)

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A Training Package for Implementing the IEP Process in Wyoming

Developed by the Northwest Regional Resource Center
in conjunction with
the Wyoming Department of Education
Office of Exceptional Children
Hathaway Building
Cheyenne, Wyoming

VOLUME II

HANDOUTS AND TRANSPARENCIES

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PRELIMINARY STEPS:
CHILD FIND

CHILD FIND

Wyoming law, Public Law 94-142 and Section 504 of the Rehabilitation Act of 1973 all require that each state develop a method to:

--locate

--evaluate

all children, who may be handicapped, birth to 21.

ROLE OF THE CHILD FIND FACILITATOR

1. A central source of information
2. A central point of referral.
3. A liason between the school district and state education department.

SAMPLE NEWSPAPER RELEASE

Dear Parent:

Wyoming law requires that all school-age handicapped children be provided with a free and appropriate education in accordance with their capabilities. To fulfill this mandate, it is important to identify ALL handicapped children, including:

--school-age handicapped children who are attending school but are not receiving all the educational services they need (in-school screening);

--school-age children who are not receiving any educational services; and

--preschool children and youths who have left school but who have needs which the school system can meet.

Please join and support this campaign to locate Wyoming's unserved children. If you know of such a child,

CALL: agency's name
phone number
hours

SAMPLE RADIO AND TELEVISION ANNOUNCEMENT

- 30 Seconds -

Project Child Find needs your help. All children in Wyoming have the right to a free educational opportunity even if they are handicapped. If you are a parent or friend or know of a handicapped child not in school, JOIN and SUPPORT (name of school district) Project Child Find.

CALL: name of agency
phone number
hours

or

WRITE: name of agency
address

--WHAT THE CHILD-FIND ACTIVITY IS

--WHEN THE ACTIVITY OCCURS

--THE PURPOSE OF CHILD FIND

--WHERE PEOPLE SHOULD RESPOND, GIVING THE NAME, ADDRESS, AND PHONE NUMBER OF THE CONTACT PERSON

--OF THE MORE THAN 8 MILLION HANDICAPPED CHILDREN IN THE U.S. TODAY, MORE THAN HALF DO NOT RECEIVE APPROPRIATE EDUCATIONAL SERVICES.

--ONE MILLION OF THESE CHILDREN ARE EXCLUDED ENTIRELY FROM THE PUBLIC SCHOOL SYSTEM AND WILL NOT GO THROUGH THE EDUCATIONAL PROCESS WITH THEIR PEERS.

PRELIMINARY STEPS:
SCREENING

HANDOUT 1

SCREENING WORK SHEET

DIRECTIONS

1. Read over the following material carefully.
2. Circle the statements that are appropriate to your district.
3. Change the wording of any of the statements to satisfy the needs of your district.
4. If none of the statements apply to your district, develop some that do.
5. Add any additional statements you feel are necessary.

1. The screening program covers:
   a. Preschool
   b. Kindergarten
   c. Grade ______ ____ ____ _____ _____ _____
   d. Other (please specify)
   e. I don't know
2. The screening program identifies:
   a. Mental Retardation
   b. Physical Handicaps
   c. Emotional Disturbance
   d. Learning Disabilities
   e. Speech and language
   f. High risk
   g. Other (please specify)
   h. I don't know
3. The screening process includes:
   a. Formal measures (list them)
   b. Informal procedures (list them)
   c. Observational techniques (list them)
   d. Other (please specify)
   e. I don't know
4. Screening procedures are the responsibility of:
   a. Special Education Department
   b. Pupil Services Department
   c. Central Office
   d. Other (please specify)
   e. I don't know

5. Any students identified as high risk through the screening process are:

   a. Monitored by special services personnel

   b. Place in special programs

   c. Referred for consideration to the Child Study Team

   d. Other (please specify)

   e. I don't know

STEP 1

DETERMINE RESPONSIBILITY FOR:

--DEVELOPMENT

--IMPLEMENTATION

--MONITORING

OF THE SCREENING PROGRAM.

STEP 2

DETERMINE THE POPULATION TO BE SCREENED.

The students to be screened might include:

--all students currently enrolled, every three years

--all transfer students new to the school

--all children entering school for the first time; and

--any child who is suspected of having a handicapping condition

STEP 3

DETERMINE WHO WILL DO THE SCREENING

(School and/or public health; community resources)

STEP 4

DETERMINE THE SCREENING INSTRUMENTS TO BE USED.

STEP 5

DETERMINE THE PROCEDURE FOR COMMUNICATING THE ADOPTED SCREENING PROGRAM TO DISTRICT STAFF, TO COMMUNITY AGENCIES, AND THROUGHOUT THE LOCAL COMMUNITY.

STEP 6

DETERMINE THE PROCEDURE FOR TRAINING THE DISTRICT STAFF TO USE THE SCREENING PROGRAM.

STEP 7

DETERMINE HOW THE SCREENING RESULTS WILL BE USED.

PRELIMINARY STEPS:
REFERRAL

HANDOUT 1

CRITICAL DECISIONS IN THE REFERRAL PROCESS

A. THE REFERRAL PROCEDURE

1. A single referral form
2. Format of referral form
3. Personnel to review referrals
4. Procedures to review referral
5. Referral action
6. Parent contact

B. THE ROUTING SYSTEM

C. THE FOLLOW UP

HANDOUT 2

COMPONENTS OF A REFERRAL FORM

--IDENTIFYING INFORMATION ABOUT THE CHILD

--IDENTIFYING INFORMATION ABOUT THE REFERRING AGENT

--FUNCTIONAL DESCRIPTION OF THE PRESENTING PROBLEM
(Problem stated precisely)
(Focus on observable behavior)

--PROVISION OF SUPPORTIVE DATA, AS AVAILABLE

--INCLUSION OF INFORMATION ON LEARNER STRENGTHS

REFERRAL FORM

Name____________________ Birthdate__________ Age________

School____________________ Grade__________ Sex________

Parents/Guardians____________________

Address____________________

____________________ Phone________

Referred By____________________ Position________
(Signature)

Date Referral Received____________________

Reason for Referral:____________________

1) What is the specific behavior that led to this referral?

2) Under what conditions does the problem exist?

3) What do you see as this student's particular strengths?

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.)

5) What methods have you tried to solve the problem?

6) Have you contacted the parents regarding the problem?
   a) What was the result of the contact?

____
Principal's Signature

HANDOUT 4

RECORDS REVIEW FORM

RECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G.E.	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1) Record of Retention No ( ) Yes ( ), grades retained ____________ year(s) ____________

2) Record of Skipping a Grade No ( ) Yes ( ), grades placed ____________ year(s) ____________

Absence and Tardy Frequency ____________

CURRENT SERVICE INFORMATION

1) Speech Therapy No ( ) Yes ( ) If Yes, describe ____________

2) Physical/Medical Program No ( ) Yes ( ) If Yes, describe ____________

3) In Special Education No ( ) Yes ( ) If Yes, describe ____________

REVIEW OF PHYSICAL HISTORY

1) Past Medical Problems: Yes ( ), specify ____________

2) Current Medical Problems: Yes ( ), specify ____________

3) Past Medications Administered: Yes ( ), specify ____________

4) Current Medications Administered: Yes ( ) specify ____________

5) Past Physical Disabilities: Yes ( ), specify ____________

6) Current Physical Disabilities: Yes ( ), specify ____________

7) Past Vision Problems: Yes ( ) Current Problems: No ( ) Yes ( )

8) Past Hearing Problems: Yes ( ) Current Problems: No ( ) Yes ( )

Past Speech Problems: Yes ( ) Current Problems: No ( ) Yes ( )

) Past Perceptual Problems: Yes ( ) Current Problems: No ( ) Yes ( )

) Coordination Problems: Fine Motor Yes ( ): specify ____________
Gross Motor Yes ( ): specify ____________

H-5

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as: 15 - 25%	26 - 50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting Out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers	( )	( )	( )
Not in attendance	( )	( )	( )
Other (describe) ____________________	( )	( )	( )

Settings in which problems occur: ______________________________

DESCRIBE OR SUMMARIZE

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS	Performance is below average class level as often as: 15 - 25%	26 - 50%	Over 50%
Reading			
Decoding	( )	( )	( )
Comprehension	( )	( )	( )
Other ____________________	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Set Operations	( )	( )	( )
Verbal problems	( )	( )	( )
Other ____________________	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe) ____________________	( )	( )	( )

ACADEMIC PROBLEMS

______________________________ Signature of person completing this form

______________________________ Date

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the school to remediate the problem:

REVIEWED BY

Principal	Teacher
Counselor	School Nurse
Other	

HANDOUT 5

Guidelines for Selecting Children for Assessment

In deciding who is to be referred for assessment, it is important for the school to consider if it has sufficient data, if it can remediate the problem without referral (see SP-9: Options for Programming Without Referral), or if after screening, the child in fact has no problem.

In order to facilitate the decision making process, the principal or his designee may convene a referral meeting. The purpose of this meeting would be to make final decisions regarding the appropriateness or inappropriateness of the referral. Every effort should be made to involve parents in this meeting. The teacher or other person(s) initiating the referral should also be involved. The specific activities for the conference are suggested to be:

-review of screening results, in addition to the child's cumulative records;

-obtaining parental input relative to their perception of their child's strengths and weaknesses (i.e., a developmental history);

-making a decision to refer or not to refer;

-determining the most advantageous way of describing the child's potential special need;

-discussing and identifying potential referral options based on problem description;

-identifying temporary instructional procedures to follow until comprehensive evaluation and planning process is completed; and

-completing the referral form.

Once the school has determined that no additional information is needed for referral, some analysis of the data is needed in order to select the student for assessment.

At this time, a record review is in order. Some general guidelines for record review and selection for assessment are offered:

-If standardized test information is included on the record review form, a child in grade 1 & 2 should be about 1.0 grade equivalent behind. In grades three through six, about 1.5 grade equivalent behind, at the secondary level, three to four years behind in order to be eligible for further assessment.

-When the school record review form offers insufficient information on the child's academic standing, but the screening instrument indicates the child is having academic problems, then select the child for testing.

-It should also be noted that when an item relating to a medical or physical problem is checked for a child, the parents should be informed of a possible problem even if the child is not experiencing any academic difficulties.

-When a child for whom a physical item is checked is not experiencing academic problems, the child should at least be referred to the school nurse. Whereas, if academic problems are present, then referral for a comprehensive diagnostic testing is needed.

Referral should not be limited to students who have academic difficulties. Students who are extremely withdrawn or who manifest extreme behavior problems should also be referred for further assessment. Every child exhibits some maladaptive behaviors, just as many normal children temporarily exhibit a number of behaviors which are characteristic of children with severe problems. However, any child who displays academic deficits or maladaptive behaviors to a marked extent and over a period of time should be referred for further assessment.

HANDOUT 6

OPTIONS FOR PROGRAMMING WITHOUT REFERRAL

Conducting screening procedures is the responsibility of regular education. If a student has been screened and it is decided not to refer the child for special education, appropriate interventions in programming need to be made. It is extremely important that these interventions be coordinated with the student's regular classroom teacher and that the regular classroom teacher maintain responsibility for the child's program. The following list of options is not complete and will vary with the resources available to the school or district.

1. Planning with the teacher: The principal or support personnel (e.g., psychologists, counselors, resource teachers) may be able to help the teacher plan a remedial academic or behavior program within the classroom.

2. Transfer within the school: Another teacher within the school may have a program that would better meet the needs of the child. This may occur for the whole program or for certain academic areas.

3. Tutoring: The school may be able to use other students, volunteers, parents, or aides to provide tutorial support for students.

4. Remedial Reading/Math Programs: Many schools have remedial teachers who are available, (frequently through Title I programs), to provide remedial programming and instruction.

5. Informal Skill Assessment: While a child may not have severe problems, it is useful to know his or her specific strengths and weaknesses in basic skills. Many informal procedures are available for teacher use and typically represent a well-sequenced series of specific skills a child needs to learn before progressing.

(Sample)
FORM 4

HANDOUT 7

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR EVALUATION

Dear ________________________,

We would like to inform you that your child ______________ is being referred for individual testing which will help us in his/her educational planning. Referral was made for the following reasons: ____

____

____

The following options for dealing with the above concerns were considered and rejected for the reasons specified. ____

____

____

Following is a description of other factors (if any) which are relevant to the proposed testing. ____

____

____

Following is a list of the records (if any) which will be released and to whom.

Record	Person/Agency

Testing results will help us in determining your child's educational needs and in planning the most appropriate program. The evaluation procedures and/or tests typically will include the following:

Intelligence :
Communication:
Motor :
Behavior :
Academic :
Vocational :
Other :

You will be informed regarding the results of the testing. It is important that you are aware that you have certain rights regarding the identification, evaluation and placement of your child.

1. You have the right to review all records related to the referral.
2. You have a right to review the instruments (tests) used to evaluate your child.
3. You have the right to refuse to permit the evaluation or a change in your child's educational placement.
4. You have the right to be fully informed of the results of the evaluation.
5. If you disagree with the results, you have the right to get an independent evaluation.
6. You have the right to request an impartial due process hearing.
7. You have the right to give consent or deny access to your child's educational records.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

A full explanation of your rights is attached for you to read and keep. Since state board regulations require that we receive your written consent before we proceed with testing, we would appreciate your signing this permission form and returning it as soon as possible. If you have any questions, please feel free to contact me.

Name/Title Date

I understand and agree to the above described individual testing or other evaluation using appropriate assessment instruments. I also understand that the granting of consent is voluntary and may be revoked at any time.

Permission is given to conduct the evaluation as described.

Parent/Guardian Date

Permission is denied to conduct an evaluation.

Parent/Guardian Date

PLEASE READ AND KEEP THE ATTACHED PAGES. RETURN THIS PAGE TO THE SCHOOL DISTRICT.

FORM 4A

PARENT RIGHTS IN EVALUATION AND PLACEMENT

PLEASE KEEP THIS EXPLANATION FOR FUTURE REFERENCE

The following is an explanation of your rights according to federal and state rules and regulations. The intent of the rules and regulations is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

1. Right to review all school records.
   You have the right to see and examine all school records related to your child. The district will supply you, upon request, a list of the types and location of education records collected, maintained, or used by the district. If you feel that certain records are inaccurate or misleading, you have the right to ask that they be removed from your child's file. Copies of any material pertaining to your child will be available to you, upon request, at reasonable cost.

2. Right to review evaluation tests and procedures.
   You have the right to examine all tests and procedures that will be used to determine if your child is in need of special education service and what his/her educational needs are.

3. Right to refuse to permit evaluation(s) or a change in your child's educational placement.
   You have the right to withhold permission for your child's educational placement to be changed or to be tested.

4. Right to be informed of the results of evaluation(s).
   You have the right to have the results of all testing with your child explained to you.

5. Right to obtain an independent evaluation.
   If you do not feel the school's evaluation is fair or accurate, you may request an educational evaluation from an agency or professional outside the school at public expense. The district will provide you with a list of public and private agencies from whom independent educational evaluations may be obtained. However, the school may request a hearing if its evaluation is challenged. If the hearing rules in favor of the school, you still have the right to obtain an independent evaluation at your own expense.

6. Right to request an impartial due process hearing.
   If you do not agree with the school's actions at any point concerning the identification, evaluation or placement of your child, you have the right to request an impartial due process hearing. If you request a hearing:

   a. you must notify the district in writing within 20 days from mailing of a notice from the school concerning your child's identification, evaluation or placement;

b. the district shall inform you of any free or low cost legal or other relevant services available;

c. you may be represented at the hearing by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children;

d. you have a right to have the hearing open to the public; it will be under the authority and jurisdiction of the school district.;

e. your child may be present at the hearing if you desire;

f. your child will remain in his/her current educational placement during pending of any administrative or judicial proceedings unless otherwise mutually agreed upon by the parent and district.

7. Right to give consent or deny access to your child's educational records.

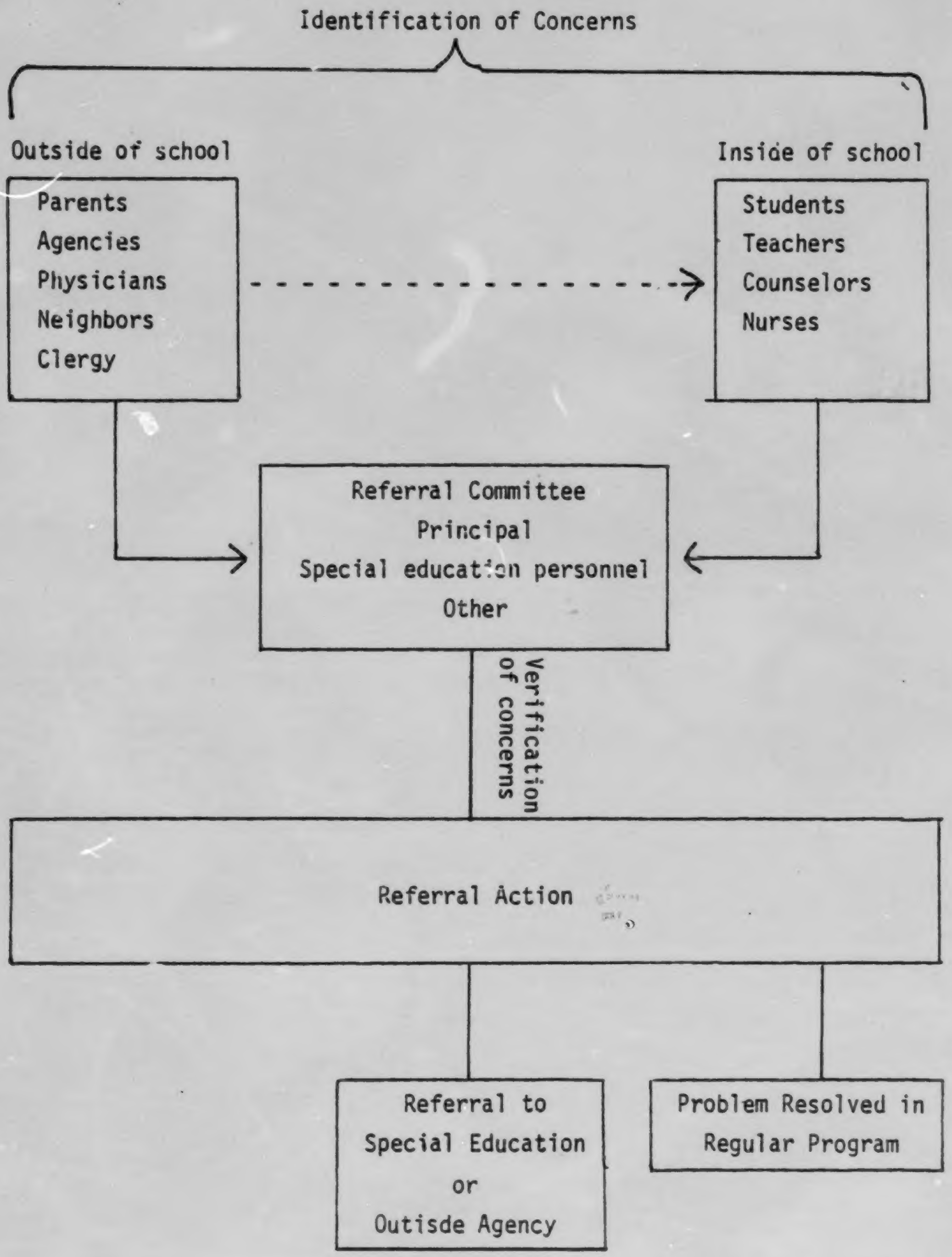
   Parental consent must be obtained before personally identifiable information is, (a) disclosed to anyone other than education personnel, or (b) used for any purpose other than that for which it was collected. It is the district's responsibility to notify you when either condition (a) or (b) occurs. The district maintains a list of those employees within the district who are authorized to have access to personally identifiable information.

   In addition, the district will notify you when personally identifiable information is no longer needed to provide educational services to your child. You have the right to request the destruction of this information.

8. Right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

HANDOUT 8

Referral Process


Identification of Concerns
Outside of school
Parents
Agencies
Physicians
Neighbors
Clergy
Inside of school
Students
Teachers
Counselors
Nurses
Referral Committee
Principal
Special education personnel
Other
Verification of concerns
Referral Action
Referral to Special Education or Outisde Agency
Problem Resolved in Regular Program

HANDOUT 9

*REFERRAL CHECKLIST

Complete this checklist with reference to your district referral procedures. The finished checklist should show what modifications need to be made in the referral procedures.

REQUIREMENTS	Yes	No
1. The district has established a process to insure that students requiring special and/or related services receive them:	____	____
--if screening indicates that the child may need special and/or related services	____	____
--by a member of the professional staff	____	____
--by a parent	____	____
2. The district notifies the student's parents before initiating services:	____	____
--this notification is written	____	____
--this notification is by telephone or parent conference	____	____

GOOD PRACTICES

This checklist will help identify the strengths and weaknesses of your referral system.

3. The district has established a referral process whereby a child is referred:		
--by an outside agency or persons in community	____	____
--by the child himself	____	____
4. One person has been designated to receive the referral	____	____
5. A committee is responsible for reviewing the referral	____	____
6. There are procedures for reviewing the referral including procedures for record review	____	____

	Yes	No
7. There are specific criteria for selecting students for assessment	____	____
8. School personnel have received in-service training regarding referral procedures	____	____
9. There are procedures for following up the referral	____	____
10. The referral process specifies time lines for consideration of the referral	____	____

DOCUMENTATION

Do cumulative folders include the following documentation for referral?

11. Written referral form	____	____
12. A copy of the written and dated notification to parent of the referral	____	____
13. Proof of notification to parents of due process rights	____	____
14. Indication of time between referral and consideration of referral	____	____
15. Copy of parental consent for evaluation	____	____
16. Action taken as a result of the referral	____	____

*Adapted from: Pupil evaluation team handbook
State of Maine-Department of Educational and
Cultural Services, July 1978

*REFERRAL FORM CHECKLIST

Evaluate your district's referral form using the items below. If your district does not have a Referral Form, create one on the basis of these questions and the information you received in handout #3. There is no correct form to fill all districts. Ease and clarity of communication should be your goals. Use an X to mark your responses.

	Yes	No	Not Sure
1. Is there space on the form for Identifying Information about the child?			
A. Is the space large enough for answers?			
B. Are there items to be added or deleted?			
2. Is there space on the form for Identifying Information about the referring agent?			
A. Is the space large enough for answers?			
B. Are there items to be added or deleted?			
3. Is there space to provide a functional description of the presenting problem?			
A. Is the space large enough for answers?			
B. Does the form provide an opportunity to clarify the referral problem?			
C. Does it ask for a description of the child's classroom behavior?			
4. Is there adequate space to provide information about the child's learning style, interests, strengths, etc.?			
5. Is the form too demanding in assessment skills or time to complete?			
6. Is the form too long?			
7. Is the form too simple (not enough information)?			

	Yes	No	Not Sure
8. In your opinion does this form make the referral agent feel inadequate?			
9. Are instructions for completing the form clear?			
10. In your opinion, could anyone working in an educational setting pick up this form and complete it accurately without assistance?			
11. Do referral agents need training to use this form?			
12. If training is needed, is it provided?			
A. In your opinion, is the training adequate?			
B. Does something need to be added and/or deleted from the training?			
C. Is there someone in your district available to assist filling out the form if needed?			
D. If so, do referral agents know whom to call?			
13. Does the form need to be revised?			
14. Does your form communicate the essential and appropriate information about the "whole" child?			

On the basis of the answers on the checklist, please list areas and/or items of concern, revision, expansion and/or deletion which would make your district's form work or work better:

____________________________ ____________________________

____________________________ ____________________________

____________________________ ____________________________

Who is the person to contact in your district regarding the above?

*Adapted from: A training package for the IEP process
California State Department of Education:
Office of Special Education Resources Development Section
February, 1979

SOURCES OF REFERRALS

--Students, self-initiated referral

--Parents

--Teachers

--Guidance counselors

--Building principals

--Psychologists

--Other school personnel

--Physicians

--Public health centers

--Department of Public Assistance and Social Services

--Department of Health and Social Services

--Nursery schools/day care centers

--Private and parochial schools

--Clergy

--Department of Mental Health

--Other state agencies

CRITICAL DECISIONS IN THE REFERRAL PROCESS

A. THE REFERRAL PROCEDURE

1. A single referral form
2. Format of referral form
3. Personnel to review referrals
4. Procedures to review referral
5. Referral action
6. Parent contact

B. THE ROUTING SYSTEM

C. THE FOLLOW UP

COMPONENTS OF A REFERRAL FORM

-- IDENTIFYING INFORMATION ABOUT THE CHILD

-- IDENTIFYING INFORMATION ABOUT THE REFERRING AGENT

-- FUNCTIONAL DESCRIPTION OF THE PRESENTING PROBLEM
(Problem stated precisely)
(Focus on observable behavior)

-- PROVISION OF SUPPORTIVE DATA, AS AVAILABLE

-- INCLUSION OF INFORMATION ON LEARNER STRENGTHS

PRELIMINARY STEPS:
REFERRAL

REFERRAL FORM

Name____________________ Birthdate__________ Age______

School____________________ Grade__________ Sex______

Parents/Guardians____________________

Address____________________

____________________ Phone__________

Referred by____________________ Position__________
(Signature)

Date Referral Received____________________

Reason for Referral____________________

1) What is the specific behavior that led to this referral?

2) Under what conditions does the problem exist?

3) What do you see as this student's particular strengths?

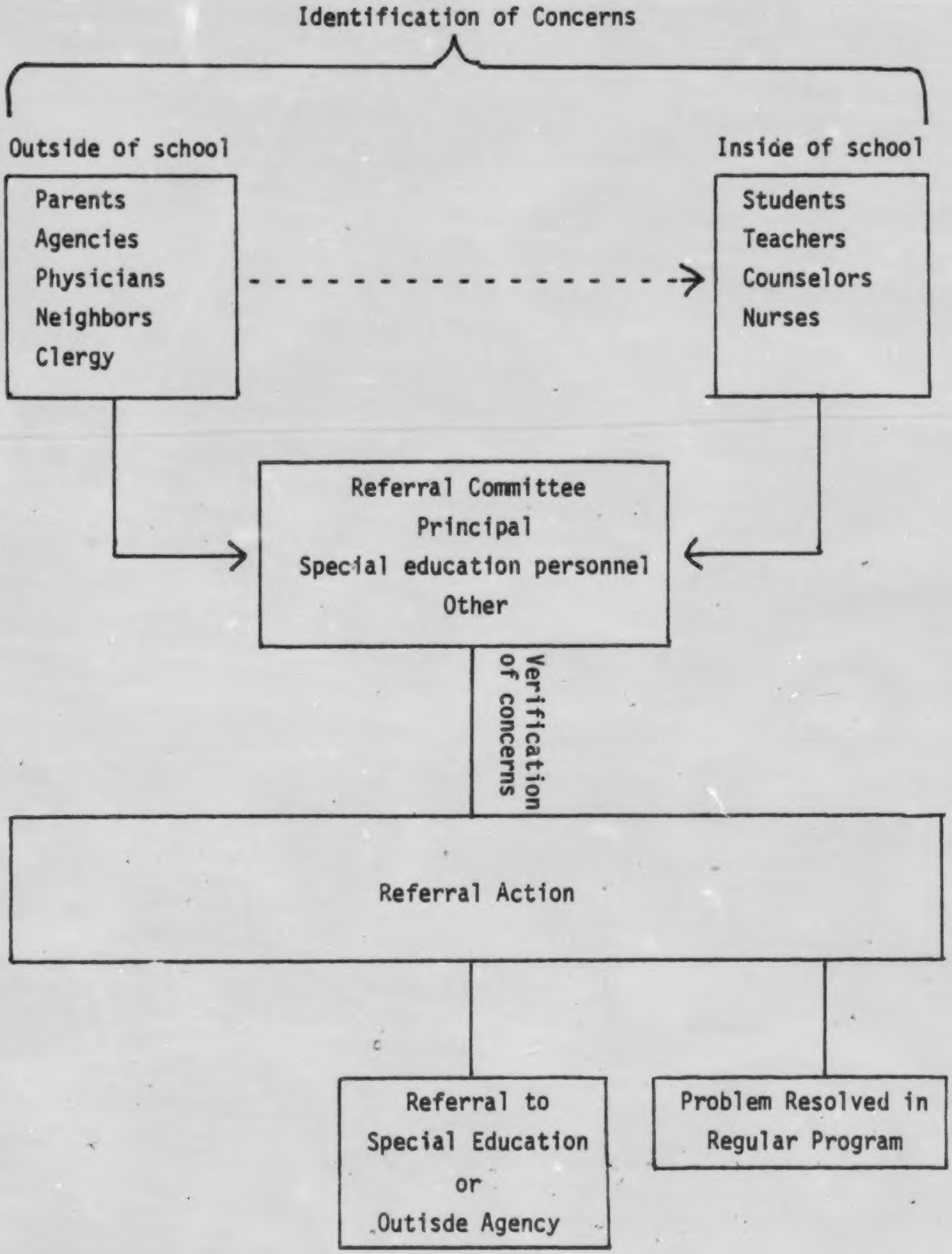
4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.)

5) What methods have you tried to solve the problem?

6) Have you contacted the parents regarding the problem?
   a) What was the result of the contact?

____
Principal's Signature

Referral Process


Identification of Concerns
Outside of school
Parents
Agencies
Physicians
Neighbors
Clergy
Inside of school
Students
Teachers
Counselors
Nurses
Referral Committee
Principal
Special education personnel
Other
Verification of concerns
Referral Action
Referral to Special Education or Outisde Agency
Problem Resolved in Regular Program

PRELIMINARY STEPS:
MULTIDISCIPLINARY ASSESSMENT

PRELIMINARY STEPS HANDOUT 1 H-1

MDA MULTIDISCIPLINARY ASSESSMENT PERSONNEL FUNCTIONS IN COMPREHENSIVE EVALUATION

Component	Professional	Function
Medical	Family Physician Pediatrician Neurologist	1. determines current physical condition. 2. identifies specific systematic deficits or liabilities. 3. specifies organic limitations for classification. 4. prescribes medical treatments.
Cognitive	School Psychologist Psychological Technician Educational Diagnostician Licensed Psychologist	1. identifies cognitive performance levels for classification purposes. 2. identifies developmental assets and deficits. 3. identifies learning aptitude or potential.
Social/family	Psychologist Social Worker Guidance Counselor Regular Teacher Parent	1. identifies typical behaviors and critical interpersonal behaviors at school, home, and elsewhere. 2. prescribes environmental modifications for treatment.
Socio/emotional (behavioral)	Special Ed. Teacher Regular Ed. Teacher Parent Psychologist Child Psychiatrist	1. observes behaviors in context of environment.
Vision/hearing	Optometrist Audiologist School Nurse Public Health Nurse Speech Therapist Family Physician	1. identifies sensory limitations. 2. prescribes medical or prosthetic devices.
Language	Speech Therapist Language Therapist Special Ed. Teacher Education Diagnostician	1. identifies language status, deficits, and quality. 2. prescribes language development or remediation programs.
Motor	Physical Ed. Teacher Occupational Therapist Adaptive P.E. Teacher Education Diagnostician Special Ed. Teacher Physical Therapist	1. identifies psychomotor performance levels. 2. identifies lags in motor development. 3. implements motor development programs.
Education	Educational Diagnostician Special Ed. Teacher Regular Ed. Teacher Parent School Psychologist	1. identifies current level of performance. 2. identifies specific skills and skill deficits. 3. prescribes educational/training programs.

A-2

PRELIMINARY STEPS HANDOUT 2
MDA

REFERRAL FORM

Name Hector Hyper Birthdate ________ Age 9-1

School Weathering Heights Elem. Grade 3 Sex M

Parents/Guardians Just & Truly Hyper

Address 94142 Tablespoon Drive
Anywhere, Wyoming Phone 1-307 3827421

Referred By Mrs. O.N. Task (Signature) Position Teacher

Date Referral Received ________

Reason for Referral: Behavior and academic problems

1) What is the specific behavior that led to this referral?
Hector is a management problem He fights the other children, uses swear words and tears up his papers, He's behind in reading, math, and spelling.

2) Under what conditions does the problem exist?
He swears when requested to complete his work. He starts a fight with other children particularly when its time for reading, math, and spelling.

3) What do you see as this student's particular strengths?
Hector is very good in science and art. He works well with his hands, He likes to build airplanes and also likes to draw them.

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.) He has had academic problems since first grade but has never been retained. He has no vision or hearing problems. Group achievement tests (Stanford) show him functioning at first grade level in all of the basic skills, (e.g vocabulary, spelling comprehension. math.) Father is an electrician, mother a housewife.

5) What methods have you tried to solve the problem?
I have tried spanking, putting him in the corner, and sending him to the principal's office.

6) Have you contacted the parents regarding the problem?
Yes

a) What was the result of the contact?
They say that Hector only acts that way at school, never at home. They say that I should spend more time teaching and less time harassing them about his problems.

B.E. Wright
Principal's Signature

PRELIMINARY STEPS HANDOUT 3
MULTIDISCIPLINARY ASSESSMENT
REFERRAL FORM

Name Jim Beam Jr. Birthdate 10-1-69 Age 10-1

School Franklin Grade 5 Sex M

Parents/Guardians Mr. + Mrs. Jim Beam Sr.

Address 111 Willow Creek Trailer Park.

Anywhere, Wyoming Phone 1-307-236-1079

Referred By Angel N. Snow Position

Date Referral Received 11-11-79

Reason for Referral: Academic and speech problems; possible health problems

1) What is the specific behavior that led to this referral?

This child has been receiving failing grades all semester. In addition he has been absent 30 days in a 6 month period. His handwriting is barely legible.

2) Under what conditions does the problem exist?

School achievement has been below grade level since 3rd grade.

3) What do you see as this student's particular strengths?

He has a good auditory memory.

4) What background information is available on the child? (Include information from record review) The child is thin, restless, and appears to be undernourished. He wears glasses. Ophthalmologist's report states: right eye 20/20, left eye 20/40.

5) What methods have you tried to solve the problem?

We have arranged for a paraprofessional tutor to help him with math and reading.

6) Have you contacted the parents regarding the problem? yes

a) What was the result of the contact?

They want to get help for him. They say that whatever the school does is alright.

PRELIMINARY STEPS
MULTIDISCIPLINARY ASSESSMENT
HANDOUT 4
Multidisciplinary Team Composition

Team to be convened for: Hector Hyper

Areas to be Assessed	Personnel to perform assessment
A. Social	
B.	
C.	
D.	
E.	

Team to be convened for: Jim Beam

Areas to be Assessed	Personnel to perform assessment
A. Academic	
B.	
C.	
D.	
E.	

AREAS OF COMPREHENSIVE EVALUATION

HEALTH

VISION

HEARING

SOCIAL AND EMOTIONAL STATUS

GENERAL INTELLIGENCE

ACADEMIC PERFORMANCE

COMMUNICATIVE STATUS

MOTOR ABILITIES

SECTION 7. ASSESSMENT OF CHILDREN. EACH SCHOOL DISTRICT SHALL ADOPT REGULATIONS AND PROCEDURES CONCERNING THE ASSESSMENT OF CHILDREN. EACH CHILD PLACED IN A SPECIAL INSTRUCTIONAL PROGRAM FOR HANDICAPPED CHILDREN SHALL RECEIVE AN INDIVIDUAL ASSESSMENT CONDUCTED BY A MULTIDISCIPLINARY ASSESSMENT TEAM COMPRISED OF PERSONNEL WHO ARE APPROPRIATELY CERTIFIED AND ENDORSED BY THE WYOMING STATE DEPARTMENT OF EDUCATION AND/OR PERSONNEL WHO ARE PROPERLY LICENSED TO RENDER SUCH SERVICES. SELECTION OF THE PERSONNEL AND DISCIPLINES TO COMPRISE THE ASSESSMENT MUST BE BASED ON THE CHILD'S PRESENTING PROBLEM, CONCERNS EXPRESSED BY THE REFERRING SOURCE AND THE SUSPECTED HANDICAPS. AT LEAST ONE MEMBER OF THE TEAM MUST BE KNOWLEDGEABLE IN THE AREA OF THE SUSPECTED DISABILITY.

PRELIMINARY STEPS:
CHILD STUDY COMMITTEE

PRELIMINARY STEPS
CSC

HANDOUT 1

What needs to be done	Person primarily responsible	Time Available	Others	Time Available
Organize a district CSC meeting				
Decide who needs to be in attendance				
Set time and place for meetings				
Notify participants of time and place				
Provide resource materials needed by committee members				
Provide information on eligibility criteria and placement options				
Structure agenda				
Disseminate information				
Chair committee meetings				
Assign committee tasks and monitor their completion				
Facilitate group decision making				
Record proceedings				
Carry out all parent/child contacts required by law.				
Provide information describing students strengths and weaknesses.				
Provide information on current classroom performance.				
Provide information concerning home situation.				
Make suggestions for development of the IEP				
Write the IEP				
Make specific recommendations for placement.				
Write the individual instructional plan.				

H-1

What needs to be done	Person primarily responsible	Time Available	Others	Time Available
Monitor the individual instructional plan.				
Monitor the student's progress after implementing the IEP				
Submit specific reports of student's progress				
Maintain appropriate files				

HANDOUT 2

GUIDELINES FOR STRUCTURING COMMITTEE MEETINGS

1. Have a set agenda.

   A tentative agenda should be prepared and available to the members participating in the meeting prior to the start of the meeting. The first item should be to ask members if there are any other items to be placed on the agenda.

2. Prioritize the agenda.

   Consideration should be given to those who may only be there for one child; discuss that case early and allow those persons to leave. This is particularly the case when parents are to be involved in discussions on their child.

3. Set time limits for agenda items.

   Call for a consensus of the group as to how much time should be allowed for each item. Assign someone to be timekeeper to help keep the group on task.

4. Assign someone to take the role of case manager for each student.

   The case manager will have the responsibility to see that all activities relating to the child are completed. The case manager will present a summary of the current status of the case to the team.

5. Approach each case from a "problem-solving" format.
   a. Designate and prioritize student's target behaviors.
   b. Reports on relevant information gathered (test results, physicians' reports, interviews, observations, etc.).
   c. List program alternatives indicated by information gathered.
   d. Prioritize alternatives.
   e. Discuss potential constraints or problems with alternatives.
   f. Select the most workable alternative.
   g. Obtain parental approval (parent should be present).

h. Make assignments for implementation.

i. Establish timeline for implementation and review.

Steps a, b and d could probably be prepared prior to the meeting and submitted as a report to the child study team by the "case manager."

*Synthesis of Assessment Reports
3-17-78

Student: Ernest T.	**Parents**: George & Margaret
D.O.B.: 11-1-67	**Age**: 10 - 7
Sex: Male	**Grade**: 4
School: Washington Elementary	**Teacher**: Ms. McCurdy

Reason for Referral: Ernest has been achieving poorly and erratically in all subjects this year. His performance in previous years has been low but it seems worse this year. The committee who evaluates referral felt that Ernest should be comprehensively assessed to determine precise problem areas, formulate interventions, and consider possible alternative placements when appropriate.

Assessment Techniques or Instruments Used:

Assessment Instruments:	Professional	Date
Wechsler Intelligence Scale for Children-R	May Woods	3-14-78
Peabody Picture Vocabulary Test - Form A	George Masters	2-21-78
Bender Gestalt Visual Motor Test	May Woods	3-14-78
Wide Range Achievement Test	Fran Johnson	3-7-78
Woodcock Reading Mastery Tests - Form A	Fran Johnson	3-7-78
Adaptive Behavior Inventory for Children	John Fisher	2-21-78
Sociocultural Modality Scale	John Fisher	2-21-78
Health History Inventory	John Fisher	2-21-78
Physical Dexterity Tasks	May Woods	3-14-78

Observation during Assessment:

Ernest: Ernest was somewhat shy and withdrawn and seldom initiated conversation for two of the examiners (Woods & Masters). In another testing session (Ms. Johnson) Ernest was characterized as somewhat reticent but enjoyed sharing his experiences when asked to describe his favorite activity. He was consistently cooperative with all assessment professionals and completed all tasks without complaint or noticeable fatigue.

Ernest's Parents: Ernest's mother was interviewed at the family's home. She commented that Ernest has had a hard time understanding what was read to him and had "no thinking power." She was concerned about Ernest's progress and hoped that the school would do something to help him more.

Results of Assessment:

I. **Physical Development**:

Ernest's birth history is normal, although delivery time was reported to be one hour. There are no recorded developmental problems. Records indicate regular childhood diseases and no serious illnesses or injuries. Vision and hearing screenings (1976) were normal, and the April 25, 1975, medical examination results were normal, other than mention of the need for dental care.

On the Bender Gestalt Visual Motor Test (Koppitz), he made four scorable errors. This suggests a developmental lag in visual motor perception and visuoconstructive abilities, resulting in a perceptual age of approximately 8-0.

II. Cognitive Development:

On the Wechsler, Ernest obtained a Verbal score, Performance score and a Full Scale score which placed his general level of intellectual functioning within the Mentally Retarded range.

He made the following Scales Scores on the Wechsler subtests. (Average performance would be reflected by a scaled score of 10 on each subtest.):

Verbal	Scaled Score	Performance	Scaled Score
Information	3	Picture Completion	4
Similarities	5	Picture Arrangement	1
Arithmetic	4	Block Design	5
Vocabulary	2	Object Assembly	4
Comprehension	4	Coding	5
Digit Span	6	Mazes	5

A range of 5 scaled scores indicates the disparity Ernest experiences among the various process abilities measured on the WISC-R. Significantly low scoring occurred on all Verbal and Performance subtests.

According to Mercer's studies regarding sociocultural factors relationship with intelligence test scores, an Estimated Learning Potential was calculated for Ernest:

ELP Verbal	Borderline Range on intellectual functioning
ELP Performance	Mentally Retarded range of intellectual functioning
ELP Full Scale	Mentally Retarded range of intellectual functioning

On the PPVT (which tests receptive oral vocabulary), Ernest made a mental age score of 6 years 3 months and a receptive language quotient of 62.

III. Social/Emotional Development

Adaptive Behavior Inventory for Children

Ernest's scores are At Risk in Family, Community, Peer Relations, and Non-academic School Roles, but are not At Risk in Earner/Consumer and Self-Maintenance. Despite thest low scores, the examiner concludes that Ernest's adaptive behavior is normal because of observation of Ernest both with adults and peers and that the low scores reflect the perceptions of his mother who is very sheltered.

Devereaux	Average Score	Student's Score
Classroom Disturbance	7	6
Impatience	10	10
Disrespect-Defiance	6	6
External Blame	7	8
Achievement Anxiety	9	12
External Blame	7	13 +1SD
Achievement Anxiety	9	16 +1SD
External Reliance	14	25 +1SD
Comprehension	13	10
Inattentive-Withdrawn	9	20 +2SD
Irrelevant-Responsiveness	7	6
Creative Initiative	11	7 -1SD
Need Closeness to Teacher	14	19 +1SD

Ernest's scores on the Devereaux Elementary Behavior Rating Scale completed by his teacher suggest that his shy behavior and dependence upon teacher supervision is a significant area for intervention.

IV. Educational Performance:

The Wide Range Achievement Test indicates that Ernest functions from a mid third grade on reading recognition and spelling to the fourth grade level on written arithmetic.

Reading mastery is further depicted on the Woodcock. Although his score on Letter Identification was perfect, on the Word Identification Test at times Ernest would resort to Spanish pronunciation of vowels. For example, he pronounced the u in "public" as in "rumor," and in "crime" the i as in "machine." In the Word Attack Test, he added consonants or syllables to the nonsense words, such as nent for nen, abs for ab, tashed for tash, etc. Ernest made associations but not close analogies in the Word Comprehension Test. On the Passage Comprehension Test, he didn't pay attention to Wholes but utilized parts, such as answering "girls" instead of "children."

On the WRAT, he made the following scores:

	Grade Equivalent	SS	%ile
Reading	3.6	82	12
Spelling	3.7	83	13
Arithmetic	4.2	87	19

On the Woodcock Reading Mastery Tests, he achieved the following scores:

Test	R^1	Relative Mastery at G^2
Letter Identification	12.9	98%
Word Identification	3.1	32%
Word Attack	2.3	47%
Word Comprehension	2.3	37%
Passage Comprehension	1.9	8%
Total Reading	3.0	50%

R^1 is the grade level at which he is predicted to perform at 90% mastery those reading tasks on which average pupils at that grade level would also demonstrate 90% mastery.

Relative Mastery at G^2 indicates the predicted mastery when Ernest is given tasks similar to those that the average pupil at the 4th grade level could perform with 90% mastery.

I. DATA INTERPRETATION: STUDENT'S STRENGTHS AND NEEDS

A. General Ability Level:

Ernest functions within the Mentally Deficient range of overall intellectual ability. This determination rests on a highly verbal test (WISC-R) and consequently is probably somewhat depressed by bilingual interference.

B. Relative Strengths:

1. Written arithmetic. (WRAT)
2. Letter identification. (Woodcock)
3. Cooperative and friendly.

C. Relative Weaknesses:

1. Verbal processes. (WISC-R Verbal subtests and PPVT)
2. Performance processes. (WISC-R Performance subtests)
3. Word identification and attack, word and passage comprehension. (Woodcock)
4. Developmental lag in visual motor functioning and visuoconstructive abilities. (Bender)

*Taken from: NASDSE, Writing Individualized Assessment Reports in
Special Education: A Resource Manual.
Washington, D.C., December, 1978.

DUTIES OF CSC

- DETERMINING ELIGIBILITY
- DETERMINING APPROPRIATE PLACEMENT
- REVIEWING PROGRESS AND PLACEMENT OF EACH SCHOOL AGED HANDICAPPED STUDENT

ADDITIONAL MEMBERS OF CSC DETERMINED BY:

--Decisions that need to be made.

--What information is needed to make those decisions.

--Who can provide the information.

--Who needs to be involved in the decisions.

CHILD STUDY COMMITTEE MEMBERSHIP:

- -- The referred child
- -- Parents
- -- Classroom teacher(s)
- -- Special services administrator
- -- Principal
- -- Special educator who may serve the child
- -- School psychologist, educational diagnostician, psychological technicians
- -- Speech pathologist
- -- Audiologist
- -- Teacher of the homebound
- -- Occupational or physical therapist
- -- Physician
- -- School nurse
- -- Social worker
- -- Ophthalmologist and optometrist
- -- Regional consultant for the visually impaired
- -- Regional consultant on the hearing impaired
- -- Guidance counselor
- -- Vocational rehabilitation counselor

CSC CHAIRPERSON'S ROLE:

--Presides over Child Study Committee Meeting.

--Exercises leadership/sets a positive tone.

--Ensures due process procedures.

--Supervises record-keeping procedures.

--Makes arrangements for committee meetings.

POSSIBLE PERSONNEL:

SPECIAL EDUCATION TEACHER'S ROLE:

-- Explains capabilities and limitations of placement options.

-- Explains specific goals and objectives of program.

-- Explains instructional techniques and materials.

-- Develops and monitors the IEP; Instructional Implementation Plan.

-- Maintains close contact with parents.

POSSIBLE PERSONNEL:

REGULAR CLASSROOM TEACHER'S ROLE:

-- Provides information concerning current classroom performance.

-- May participate in the development and implementation of IEP when appropriate: Instructional implementation plan (working cooperatively with a special education teacher and/or other service provider).

POSSIBLE PERSONNEL:

SUPPORT PERSONNEL ROLES:

-Conduct evaluation of student's needs, as appropriate, within area of expertise submit written report and/or implement IEP, if appropriate. (Support personnel are: speech/language therapist, occupational therapist, physical therapist, audiologist, school nurse, etc.)

POSSIBLE PERSONNEL:

PARENTS' ROLE:

- -- Provide background information
- -- Participate in the development of the IEP: Total service plan (e.g., help to select annual goals).
- -- Approve placement
- -- Participate in IEP: Annual Review

BASIC ELEMENTS OF TEAM FUNCTIONING

- GOAL SETTING
- AGENDA
- INFORMATION GATHERING
- RECORD KEEPING
- FACILITATION

PRELIMINARY STEPS:
PLACEMENT OPTIONS

THE DECISION SYSTEM

The two-dimensional operational definition of least restrictive environment described earlier in this section provides a framework for a system that can be used to make placement decisions. Each option should first be assessed to determine if it meets the learning needs of the student, as included on the IEP. Each option that meets this criteria should then be assessed to determine which provides the greatest access to non-handicapped students. The option that meets the student's learning needs and provides the greatest access to regular education students should be the student's recommended placement.

PROCEDURES FOR IMPLEMENTING THE DECISION MODEL
The list below includes the steps necessary to collect and use student and program information in implementing this decision model.

- I. STUDENT ANALYSIS
  - A. The IEP is developed, listing the student's instructional needs.
- II. PROGRAM ANALYSIS
  - A. The placement options are identified.
  - B. Information is collected regarding the learning environment that each option can provide for the student.
  - C. The degree of access to education with non-handicapped students offered by each placement option is established.
- III. DECISION MODEL APPLICATION
  - A. Each placement option is assessed for its capacity to meet all of the student's learning needs as listed on the IEP including curriculum, special media and materials, and related services and other identified student needs.
    - 1. An option meeting the above criteria remains in consideration.
    - 2. An option not meeting the above criteria is assessed for its capacity to be adapted to meet all learning needs listed on the IEP.
      - a. An option which may be adapted remains in consideration.
      - b. An option which may not be adapted is removed from consideration.
  - B. The next placement option is considered.
  - C. When the list of options that have been determined to be appropriate for the student's special education needs is completed, the option providing the greatest access to non-handicapped students is identified as the least restrictive environment.

PRELIMINARY STEPS
PLACEMENT OPTIONS

HANDOUT 2

PLACEMENT OPTION WORKSHEET

STUDENT: ______________________________ *DATE:* ______________

OPTION: ____

1. Describe the extent to which the option meets learning needs listed on the IEP.

A. Curriculum: ____

B. Related Services: ____

C. Special Media and Materials: ____

D. ____

E. ____

F. ____

2. Describe the degree of integration with non-handicapped students provided by this option (academic and/or non-academic settings) and the option's proximity to the student's home.

____

DECISION SUMMARY CHECKLIST

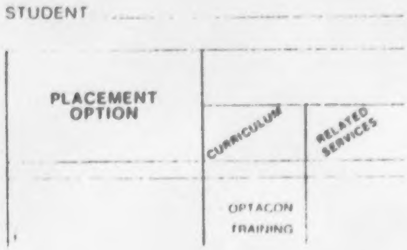
DIRECTIONS:

a) List each placement option considered and describe the type of placement and location.

b) List other learning needs in addition to curriculum, related services and media and materials.

c) For each applicable learning need, indicate the ability or inability of the option to meet the student's needs. Yes (✓) No (-).

- If an option cannot meet one need subsumed under a broader category of needs, briefly indicate need not met. For example:



d) Indicate the amount of time the student will spend with non-handicapped students in both academic and non-academic settings.

e) Indicate the distance of the placement option from the student's home.

f) List recommended assignment in the space provided.

H-4

PRELIMINARY STEPS HANDOUT 4
PLACEMENT OPTIONS

DECISION SUMMARY CHECKLIST

STUDENT: ______________________ DATE: ______________

PLACEMENT OPTION	LEARNING NEEDS						EDUCATION WITH NON-HANDICAPPED STUDENTS		
	CURRICULUM	RELATED SERVICES	MEDIA & MATERIALS				ACADEMIC	NON-ACADEMIC	PROXIMITY TO HOME
1.									
2.									
3									

RECOMMENDED ASSIGNMENT:

HANDOUT 5

Case Study Data

Student's Name: Neerthie Edge

Birthdate: 10/17/65

Present Date: 2/7/80

Age: 14 years, 4 months

Parents: Onan and Overthe Edge

Grade: 6th

Present Level of Performance

Academic Achievement

Reading:

Neerthie reads and comprehends material at the third grade level. However, his rate of reading is slow and expressionless. He often adds sounds and words. He repeats words and lines. He can recall basic facts of stories but he is not able to draw conclusions. He becomes upset when placed in a group for oral reading ing. He prefers to use the tape recorder to listen to the stories and read along with it.

Math:

Neerthie functions at the second grade level for math skills. He can add 2 and 3 place numbers with carrying. He can multiply by 2's and 3's. He can not subract a 2 place number and regroup. He has no concept of fractions beyond 1/2, 1/3, 1/4. He likes to use manipulative objects to solve problems.

Language:

Neerthie has some delay in language usage. His speech patterns are very concrete. He has 3-4 word sentences. His written language is characterized by short sentences with few descriptive words.

General Work Habits

Neerthie does not complete assignments. He often becomes frustrated with seat work and tears up his papers or he marks all over them with ink. He will complete assignments if given clear directions and individual assistance.

Social/Emotional Adjustment

When Neerthie is placed in a group of more than three students he starts arguments, he pushes, kicks, and strikes the other students. On the playground he chooses children younger than himself to play with. He often hits or kicks these children in order to get them to do what he wants them to do. When reprimanded he swears, cries, goes into a rage and bangs his head on the nearest available object.

HANDOUT 6

IEP SUMMARY OF STUDENT NEEDS

A. CURRICULUM

B. RELATED SERVICES

C. LEARNING STYLE

D. SOCIAL/PSYCHOLOGICAL

E. MEDIA AND MATERIALS

HANDOUT 7

Placement Option 1

Sixth Grade Class with Resource Room Support

Curriculum:	The Resource Room provides individualized instruction in basic areas of math and reading.
Learning Style:	This instruction is offered in groups of 4-6 students whose ability levels range from 4.0 to 7.0. The teacher uses learning centers which provide an opportunity for students to select their own assignments. A behavior management approach which provides points for good behavior and withdraws points for inappropriate behavior is used.
Social/ Psychological:	The class would provide appropriate role models for Neerthie. An aide is available to provide one to one instruction.
Related Services:	A mental health clinic is located about 20 minutes from the school and can be reached by bus. Counseling is available there. The school is 15 minutes from his home by bus. He would normally attend this school.

Placement Option 2

Self Contained Class for Socially/Emotionally Disturbed in a School District Elementary School

Curriculum:	The curriculum for this class is appropriate to students functioning from grade levels first through fourth. Individualized instruction is provided in math and reading. A prevocational curriculum is also available.
Related Services:	Psychological counseling, crisis intervention, language facilitation, transportation are provided.
Learning Style:	The teacher uses learning and behavior contracts as well as time out for inappropriate behavior. Instruction is provided in groups of 4 to 5 for concept development.
Social/Psychological:	Maximum enrollment in this class is fifteen students to a teacher and an aide. Integration with peers from the regular classroom is provided through activities such as: music, art, physical education, lunch, and transportation to and from school. This facility is located within a 20 minute ride from Neerthie's home.

Placement Option 3

Intermediate Class in a Residential Treatment Center

Curriculum:	Curriculum is designed to provide instruction at the first through fourth grade level. Academic and non academic areas include math, language, reading, social studies, science, spelling, socialization self help, music, art and physical education.
Related Services:	Psychotherapy, drug therapy, language facilitation, and prevocational services are available.
Media/Materials:	Audio visual machines are utilized for teaching reading and math. Many affective materials are available for improving self concept.
Learning Style:	Activities are teacher directed and instruction is given on an individual basis and small groups of no more than four. Behavior management is provided through a token system. Tokens are redeemed in the canteen. The instructional ratio is a teacher and two aides to 12 students.
	The program is segregated from regular school settings. However, short term placements of up to 90 days are available.

WHAT P.L. 94-142 SAYS ABOUT LRE

Public Law 94-142 states:

> That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped,
>
> and
>
> that special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids cannot be achieved satisfactorily.

MYTH OF LRE

"All handicapped children
will be returned to
the regular classroom"

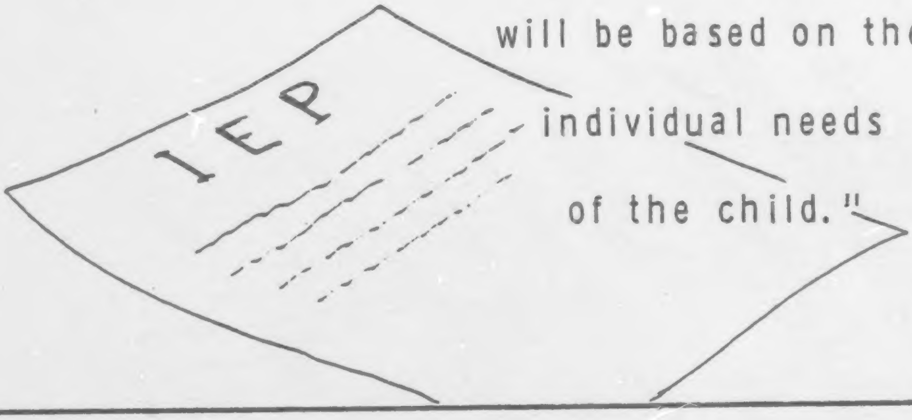
T-3

FALSE

TRUE

FACT OF LRE

"Educational placements of handicapped children will be based on the individual needs of the child."



PRELIMINARY STEPS
PLACEMENT OPTIONS

LRE is:

1. Educating the handicapped with the non-handicapped to the maximum extent appropriate.

2. Making decisions as to wha⁺ the best LRE is for a student based on his/her individual reeds.

3. A concept that is managed through the IEP.

LRE is not:

1. A provision for wholesale mainstreaming.

2. A mandate for educating all students in the regular classroom.

3. Abolishing any particular educational environment, such as an institution.

WYOMING STATE DEPARTMENT OF EDUCATION
OFFICE OF EXCEPTIONAL CHILDREN

Continuum of Least Restrictive Educational Alternatives (Normalization) for Handicapped Children and Youths

Least Restrictive

(1) Regular class placement

(2) Regular class with modified curriculum

(3) Regular class with consultation to teacher

(4) Regular class with in-class assistance to child from special educator, tutor, etc.

(5) Regular class--resource room (scheduled time arranged)

(6) Regular class--diagnostic/treatment center

(7) Special class--regular class(es) scheduled time arranged.

(8) Special class--resource room

(9) Special class full-time, little use of other in-school resources

(10) Special class--diagnostic/treatment center

(11) Special community day school

(12) Homebound program

Most Restrictive

(13) Residential school

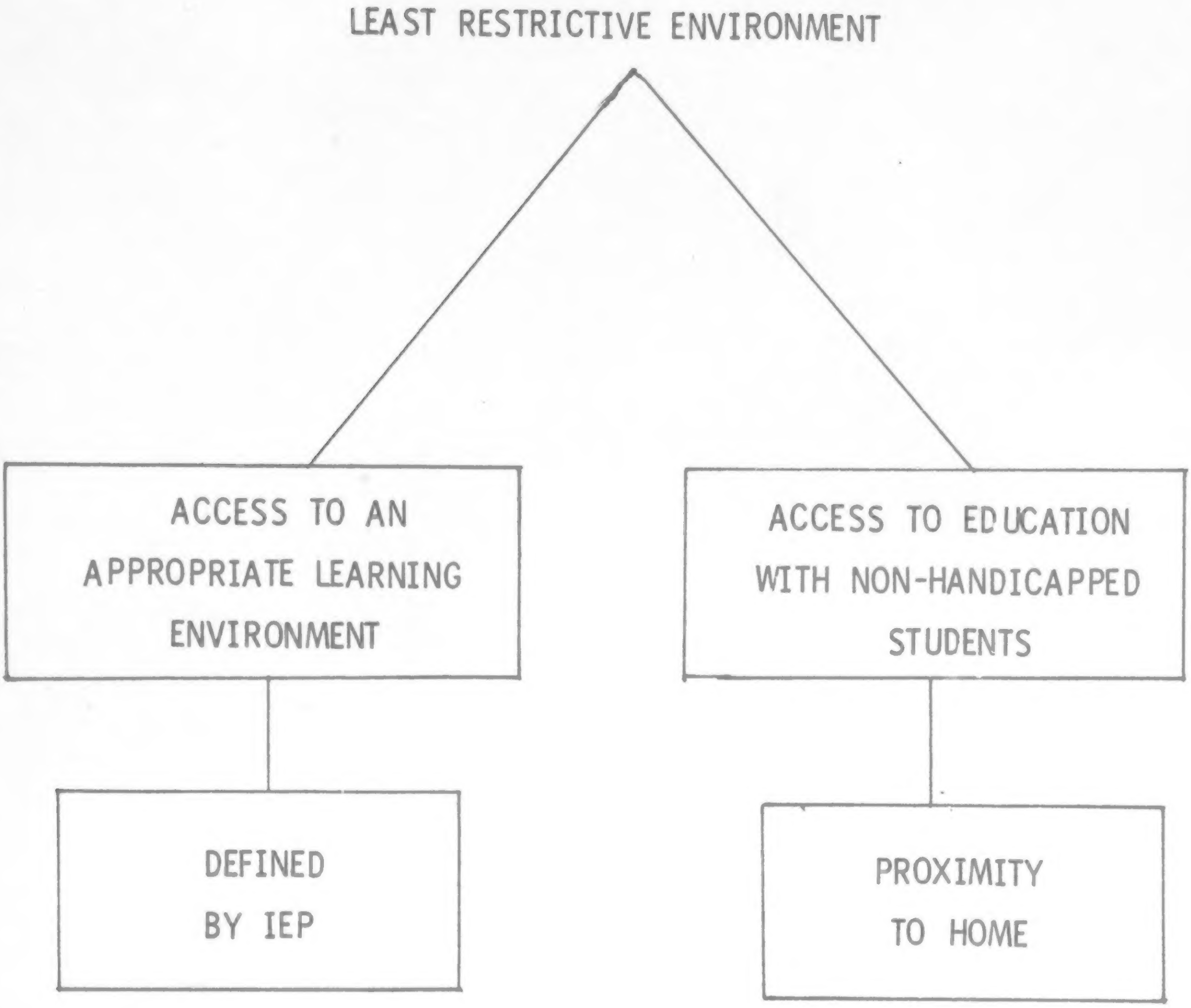
(14) Institutionalization

OPERATIONAL DEFINITION OF LRE

THE LEAST RESTRICTIVE ENVIRONMENT FOR A STUDENT IS THE PLACEMENT THAT REALIZES A MATCH BETWEEN THE LEARNING NEEDS OF THE STUDENT AND THE CONDITIONS OF THE EDUCATIONAL ENVIRONMENT, WHILE PROVIDING THE STUDENT WITH APPROPRIATE INTEGRATION WITH NON-HANDICAPPED STUDENTS.

PRELIMINARY STEPS
PLACEMENT OPTIONS

T-7


LEAST RESTRICTIVE ENVIRONMENT
ACCESS TO AN APPROPRIATE LEARNING ENVIRONMENT
ACCESS TO EDUCATION WITH NON-HANDICAPPED STUDENTS
DEFINED BY IEP
PROXIMITY TO HOME

PRELIMINARY STEPS
PLACEMENT OPTIONS

a. Number of identified handicapped children and number of estimated handicapped children.

b. Service needs of the handicapped children in the district.

c. Services already available within the district.

d. Services available within the area.

e. Services available within the state.

f. Personnel

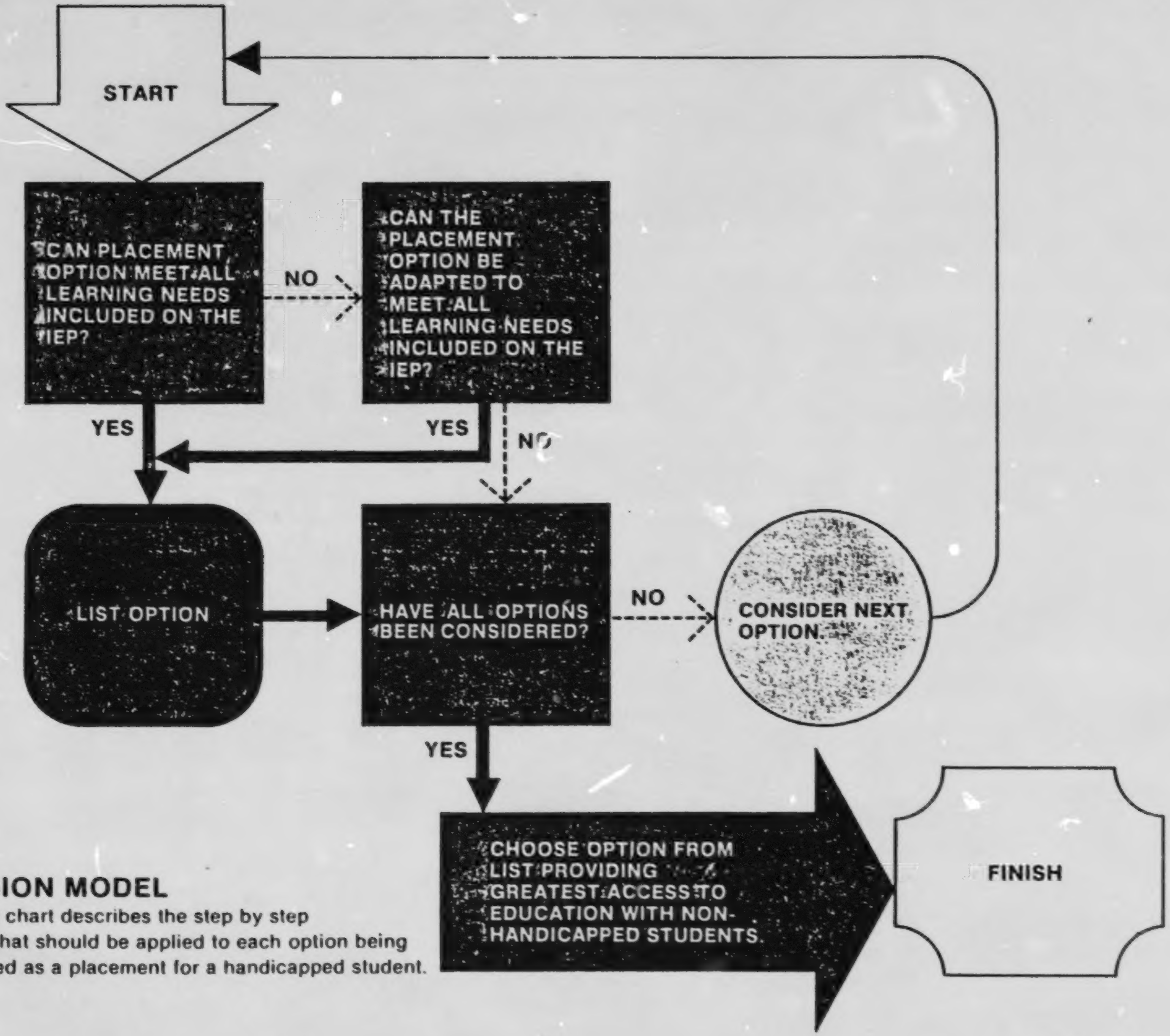
g. Finances

h. Facilities

i. Geographic configurations

T-9

PRELIMINARY STEPS
PLACEMENT OPTIONS


START
CAN PLACEMENT OPTION MEET ALL LEARNING NEEDS INCLUDED ON THE IEP?
NO
CAN THE PLACEMENT OPTION BE ADAPTED TO MEET ALL LEARNING NEEDS INCLUDED ON THE IEP?
YES
YES
NO
LIST OPTION
HAVE ALL OPTIONS BEEN CONSIDERED?
NO
CONSIDER NEXT OPTION.
YES
CHOOSE OPTION FROM LIST PROVIDING GREATEST ACCESS TO EDUCATION WITH NON-HANDICAPPED STUDENTS.
FINISH

DECISION MODEL

This flow chart describes the step by step process that should be applied to each option being considered as a placement for a handicapped student.

IEP SUMMARY OF STUDENT NEEDS

A. CURRICULUM

B. RELATED SERVICES

C. LEARNING STYLE

D. SOCIAL/PSYCHOLOGICAL

E. MEDIA AND MATERIALS

DECISION SUMMARY CHECKLIST

STUDENT: ______________________________ DATE: ______________

PLACEMENT OPTION	LEARNING NEEDS						EDUCATION WITH NON-HANDICAPPED STUDENTS		
	CURRICULUM	RELATED SERVICES	MEDIA & MATERIALS				ACADEMIC	NON-ACADEMIC	PROXIMITY TO HOME
1.									
2.									
3.									

RECOMMENDED ASSIGNMENT: ______________________________

____

____

PRELIMINARY STEPS
PLACEMENT OPTIONS

PRELIMINARY STEPS:
DUE PROCESS

(Sample)
FORM 4

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR EVALUATION

Dear________________________,

We would like to inform you that your child ______________ is being referred for individual testing which will help us in his/her educational planning. Referral was made for the following reasons:____

____

____

The following options for dealing with the above concerns were considered and rejected for the reasons specified.____

____

____

Following is a description of other factors (if any) which are relevant to the proposed testing.____

____

____

Following is a list of the records (if any) which will be released and to whom.

Record	Person/Agency

Testing results will help us in determining your child's educational needs and in planning the most appropriate program. The evaluation procedures and/or tests typically will include the following:

Intelligence :
Communication:
Motor :
Behavior :
Academic :
Vocational :
Other :

You will be informed regarding the results of the testing. It is important that you are aware that you have certain rights regarding the identification, evaluation and placement of your child.

1. You have the right to review all records related to the referral.
2. You have a right to review the instruments (tests) used to evaluate your child.
3. You have the right to refuse to permit the evaluation or a change in your child's educational placement.
4. You have the right to be fully informed of the results of the evaluation.
5. If you disagree with the results, you have the right to get an independent evaluation.
6. You have the right to request an impartial due process hearing.
7. You have the right to give consent or deny access to your child's educational records.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

A full explanation of your rights is attached for you to read and keep. Since state board regulations require that we receive your written consent before we proceed with testing, we would appreciate your signing this permission form and returning it as soon as possible. If you have any questions, please feel free to contact me.

Name/Title Date

I understand and agree to the above described individual testing or other evaluation using appropriate assessment instruments. I also understand that the granting of consent is voluntary and may be revoked at any time.

Permission is given to conduct the evaluation as described.

Parent/Guardian Date

Permission is denied to conduct an evaluation.

Parent/Guardian Date

PLEASE READ AND KEEP THE ATTACHED PAGES. RETURN THIS PAGE TO THE SCHOOL DISTRICT.

A full explanation of your rights is attached for you to read and keep. Since state board regulations require that we receive your written consent before we proceed with testing, we would appreciate your signing this permission form and returning it as soon as possible. If you have any questions, please feel free to contact me.

Name/Title Date

I understand and agree to the above described individual testing or other evaluation using appropriate assessment instruments. I also understand that the granting of consent is voluntary and may be revoked at any time.

Permission is given to conduct the evaluation as described.

Parent/Guardian Date

Permission is denied to conduct an evaluation.

Parent/Guardian Date

PLEASE READ AND KEEP THE ATTACHED PAGES. RETURN THIS PAGE TO THE SCHOOL DISTRICT.

PROCEDURAL DUE PROCESS MINIMUMS

1. Prior written notice must be given to the parents before the state or local educational agency prepares or refuses to initiate or change identification, evaluation, or educational placement of a child.

2. Written parental consent must be obtained before preplacement evaluation or comprehensive reassessment.

3. The prior notification must be written in language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent.

4. If the native language or other mode of communication used by the parent is not a written language, the state or local education agency shall insure that the notice is translated orally and that the parent understands the content of the notice. Also, evidence of the notice should be kept by the state or local education agency.

5. A review of educational placement must be conducted at least annually.

6. Opportunity for an impartial hearing must be provided, including the right to:

   --review all relevant records pertaining to the identification, evaluation, and placement of the child;

   --obtain an independent educational evaluation of the child at public expense;

   --be accompanied and advised by the counsel;

   --be accompanied and advised by individuals with special knowledge or training in the problems of handicapped children;

   --present evidence;

   --confront, cross examine, and compel the attendance of witnesses;

   --obtain a written or electronic verbatim record of the hearing;

   --obtain written findings of facts and decisions;

   --appeal the decision.

7. Assignment of a surrogate parent for a child shall be made when:

   --the child's parent or guardian is not known;

   --the child's parents are unavailable;

   --the child is a ward of the state.

8. Access to all educational records shall be provided.

9. Written parental consent must be obtained before placement; provision of services or termination of special instructional program.

10. Pending any judicial proceedings the child must remain in the current educational placement unless the parents and school district agree to a different placement.

HANDOUT 3

Due Process Response Sheets

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

POINTS OF PROCEDURAL DUE PROCESS

NOTIFICATION

INFORMED CONSENT

SURROGATE PARENTS

CONFIDENTIALITY AND ACCESS TO RECORDS

INDEPENDENT EDUCATIONAL EVALUATION

OPPORTUNITY FOR DUE PROCESS HEARING

OFFICIAL NOTIFICATION MUST BE GIVEN BEFORE THE PUBLIC AGENCY PROPOSES TO OR REFUSES TO INITIATE OR CHANGE THE:

IDENTIFICATION OF CHILD

EVALUATION (ASSESSMENT) OF THE CHILD

EDUCATIONAL PLACEMENT OF THE CHILD

PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION OF THE CHILD

-- A full listing of the due process safeguards available to the parent.

-- A description of the action taken by the school district, including the rationale for choosing the particular action over other options.

-- A description of the bases for the decision, including each evaluation procedure, test, record, or report the agency considered.

-- A description of any other factors which were considered in light of the school district's proposal or refusal. Further, the notice must be written in language which is understood by the general public and provided in the native language or other mode of communication of the parent unless it is not feasible to do so. Essentially, the school district must insure that the parent understands the contents of the notice.

WHAT IS INFORMED CONSENT?

CONSENT MAY BE SAID TO BE INFORMED WHEN THE PARENTS ARE MADE FULLY AWARE OF IN THEIR PRIMARY LANGUAGE OR OTHER MODE OF COMMUNICATION:

WHAT IS TO BE DONE

WHY IT IS BEING DONE

HOW IT WILL BE DONE

ALL LIKELY CONSEQUENCES OF THE ACTION

WHAT RECORDS WILL BE UTILIZED (IF ANY)

TO WHOM RECORDS MAY BE RELEASED

INFORMED CONSENT MEANS THAT:

THE PERSON UNDERSTANDS AND AGREES IN WRITING TO THE ACTION

THE PERSON GIVES THE CONSENT VOLUNTARILY

THE PERSON IS INFORMED ABOUT WHAT HE OR SHE IS CONSENTING TO. THIS MEANS THE SPECIFICS OF ANY ACTION MUST BE DESCRIBED TO THE PARENT. BLANKET PERMISSIONS ARE UNACCEPTABLE.

INFORMED CONSENT IS NECESSARY BEFORE:

PREPLACEMENT ASSESSMENT OR COMPREHENSIVE REASSESSMENT

PROVISION OF OTHER SPECIAL SERVICES

PLACEMENT

TERMINATION OF SPECIAL PROGRAM

RELEASE OF SCHOOL RECORDS

IMPARTIAL HEARINGS

IMPARTIAL HEARINGS MAY BE REQUESTED FOR ISSUES WHERE THE PARENT AND LOCAL EDUCATIONAL AGENCY DISAGREE OVER THE:

IDENTIFICATION

ASSESSMENT

PLACEMENT

PROVISION OF FREE APPROPRIATE EDUCATION

HEARING RIGHTS (121a.508)

RIGHT TO BE ACCOMPANIED AND ADVISED BY COUNSEL AND BY INDIVIDUALS WITH SPECIAL KNOWLEDGE OR TRAINING WITH RESPECT TO THE PROBLEMS OF HANDICAPPED CHILDREN.

RIGHT TO PRESENT EVIDENCE AND CONFRONT, CROSS-EXAMINE AND COMPEL THE ATTENDANCE OF WITNESSES AND NEEDED DOCUMENTS.

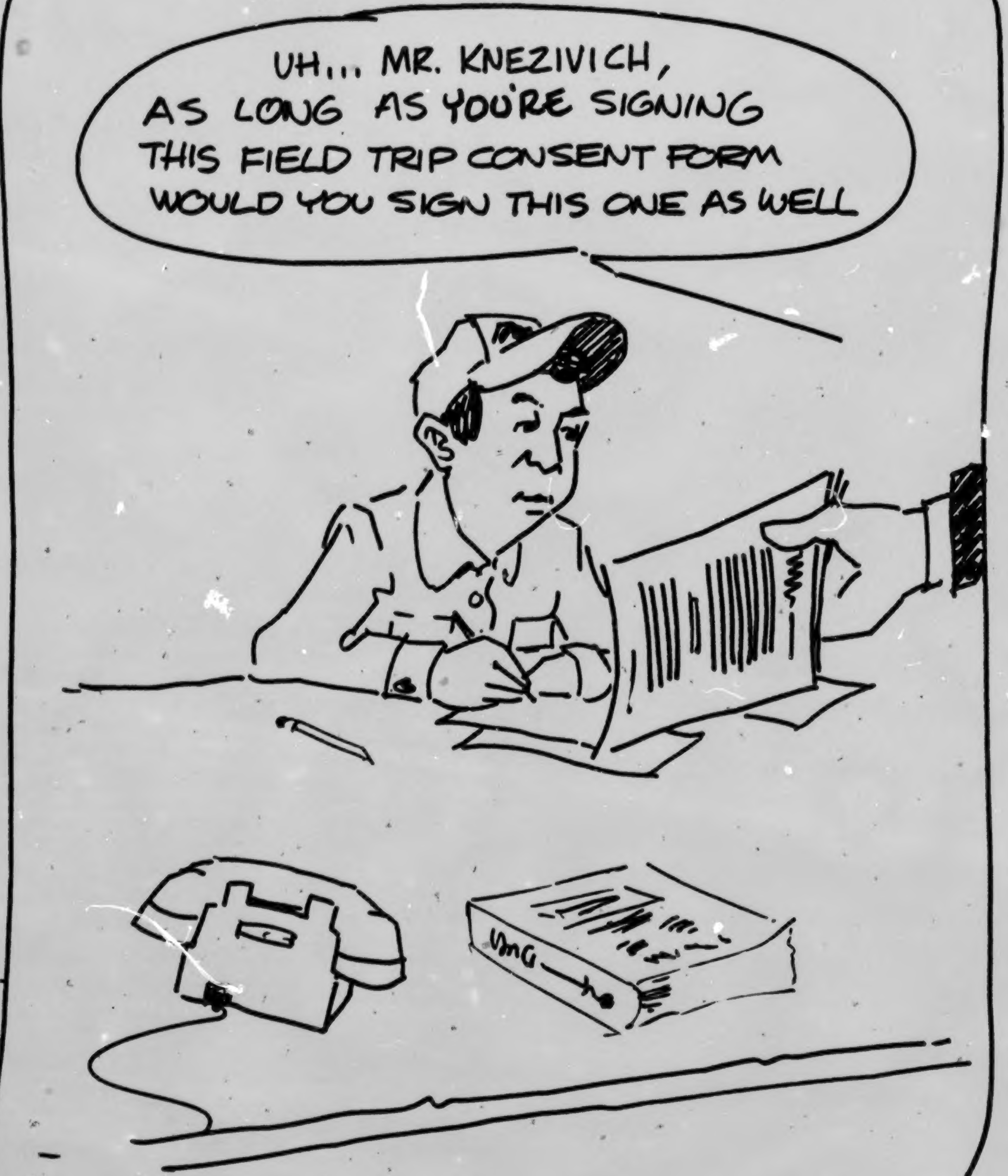
RIGHT TO A WRITTEN OR ELECTRONIC VERBATIM RECORD OF THE HEARING.

RIGHT TO WRITTEN FINDINGS OF FACT AND THE DECISION.

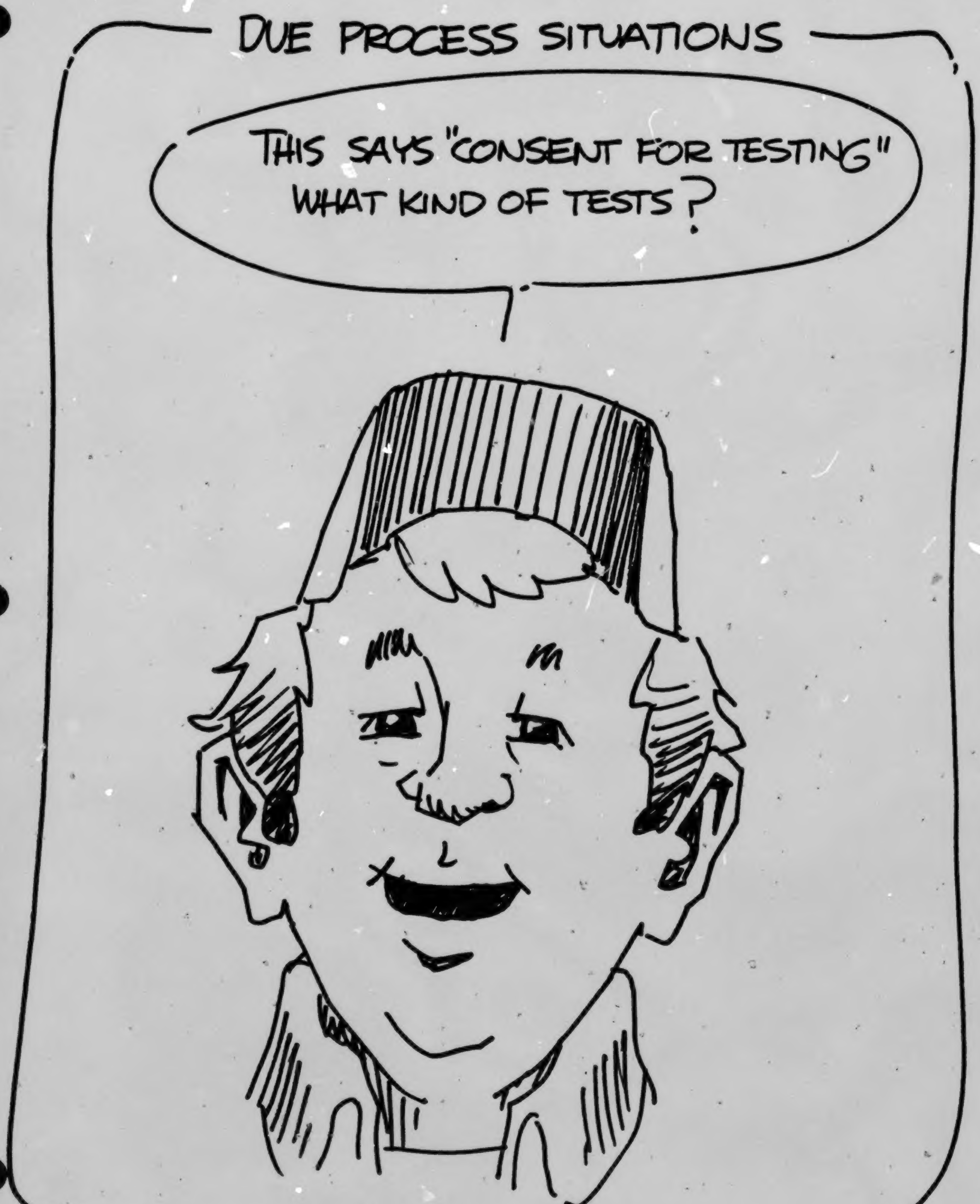
RIGHT TO HAVE THE CHILD PRESENT.

RIGHT TO OPEN THE HEARING TO THE PUBLIC.

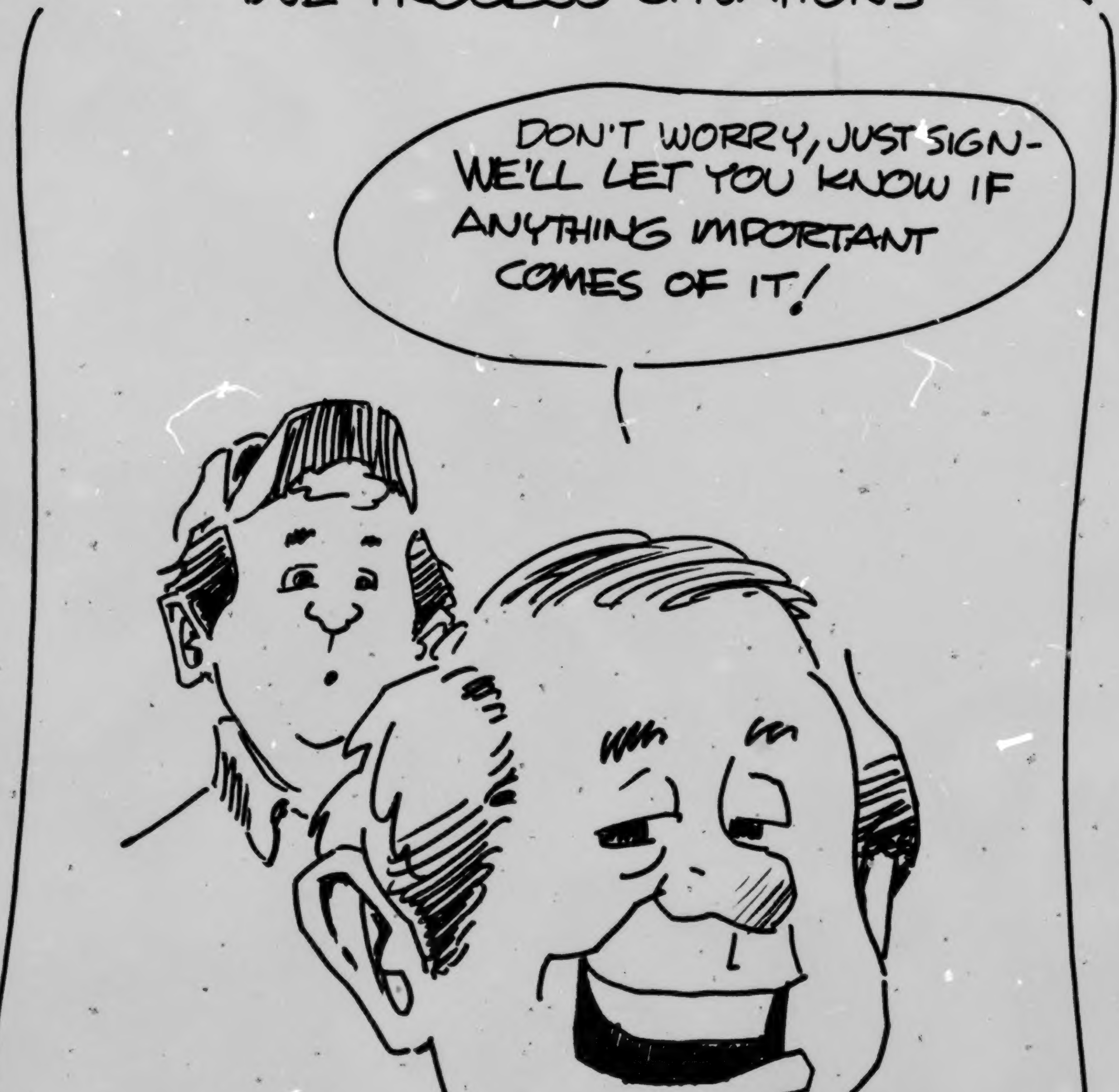
DUE PROCESS SITUATIONS


UH... MR. KNEZIVICH, AS LONG AS YOU'RE SIGNING THIS FIELD TRIP CONSENT FORM WOULD YOU SIGN THIS ONE AS WELL

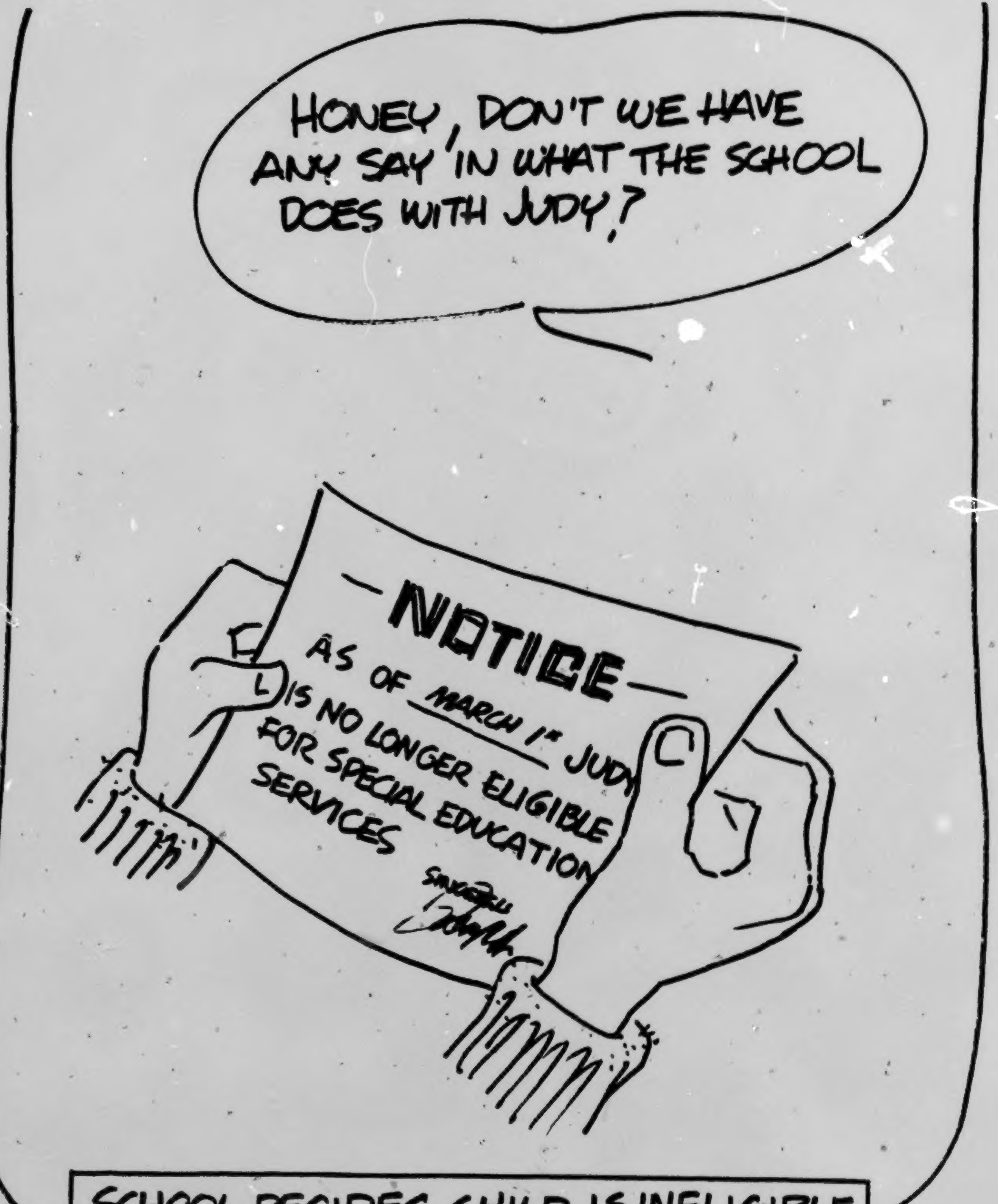
PARENTAL CONSENT SOUGHT WITH NO EXPLANATION


DUE PROCESS SITUATIONS
THIS SAYS "CONSENT FOR TESTING" WHAT KIND OF TESTS?

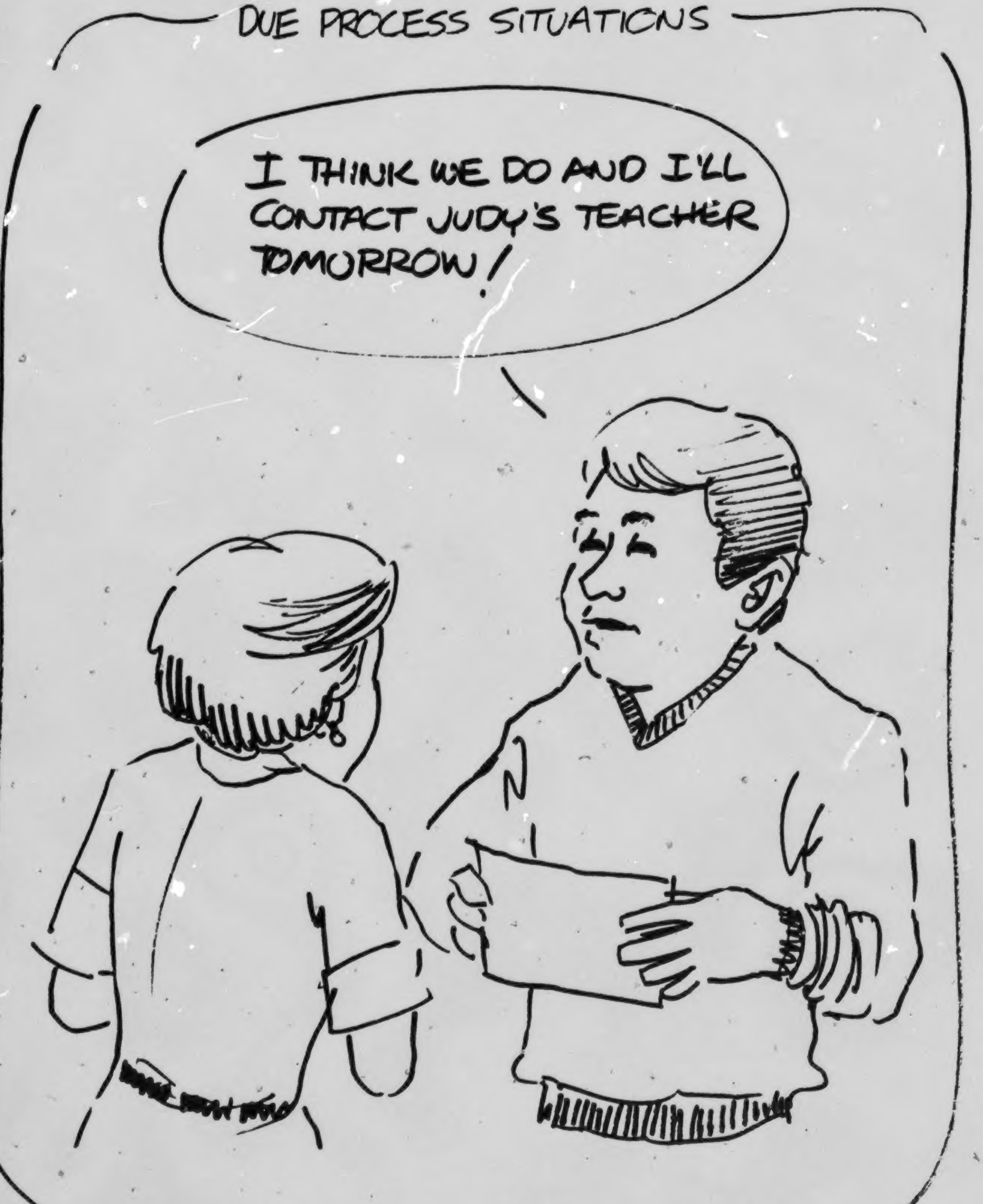
DUE PROCESS SITUATIONS


DON'T WORRY, JUST SIGN- WE'LL LET YOU KNOW IF ANYTHING IMPORTANT COMES OF IT!

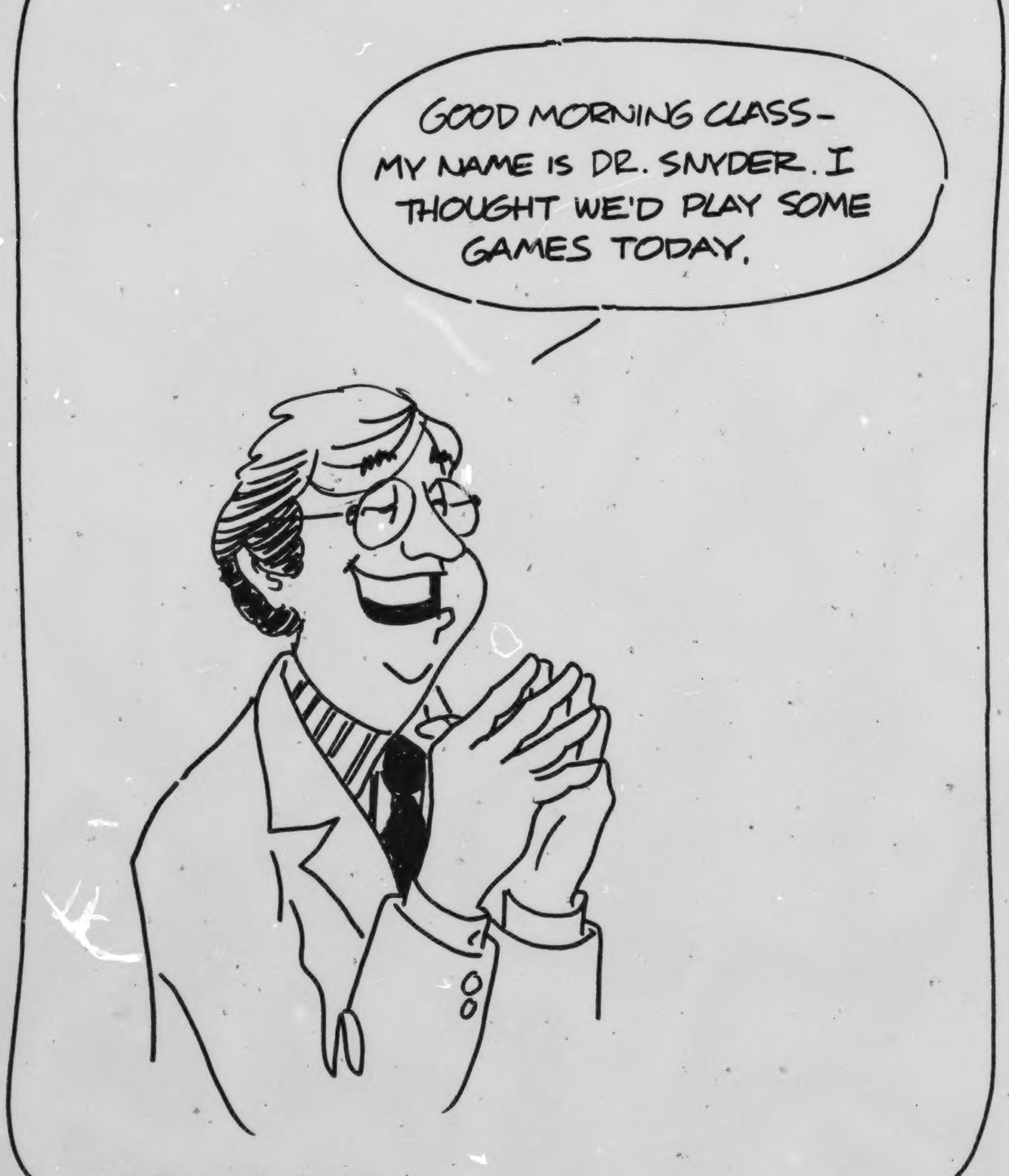
DUE PROCESS SITUATIONS


HONEY, DON'T WE HAVE ANY SAY IN WHAT THE SCHOOL DOES WITH JUDY?
NOTICE
AS OF MARCH 1st JUDY IS NO LONGER ELIGIBLE FOR SPECIAL EDUCATION SERVICES
SINCERELY

SCHOOL DECIDES CHILD IS INELIGIBLE FOR SPECIAL ED. SERVICES

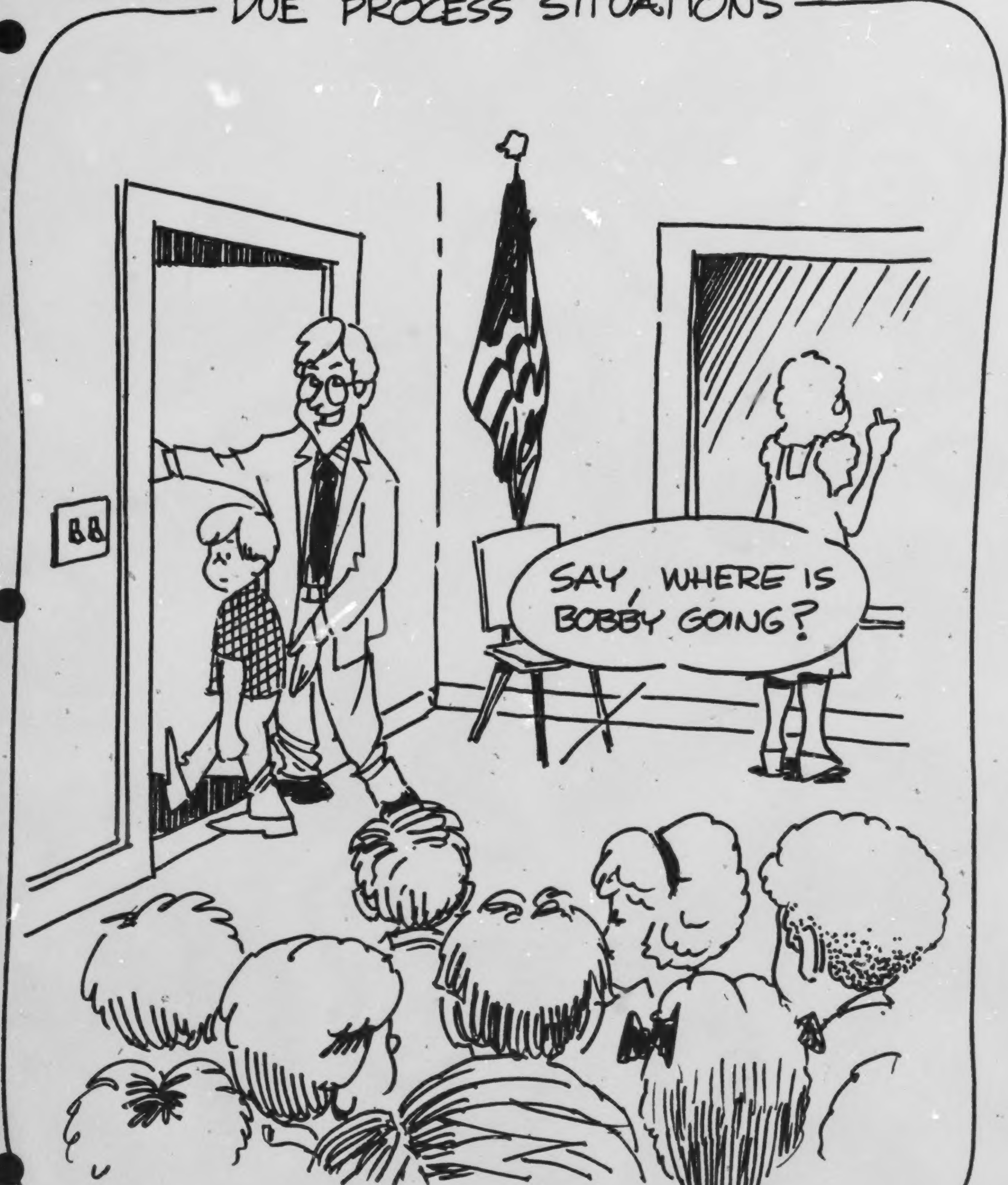

DUE PROCESS SITUATIONS
I THINK WE DO AND I'LL CONTACT JUDY'S TEACHER TOMORROW!

DUE PROCESS SITUATIONS

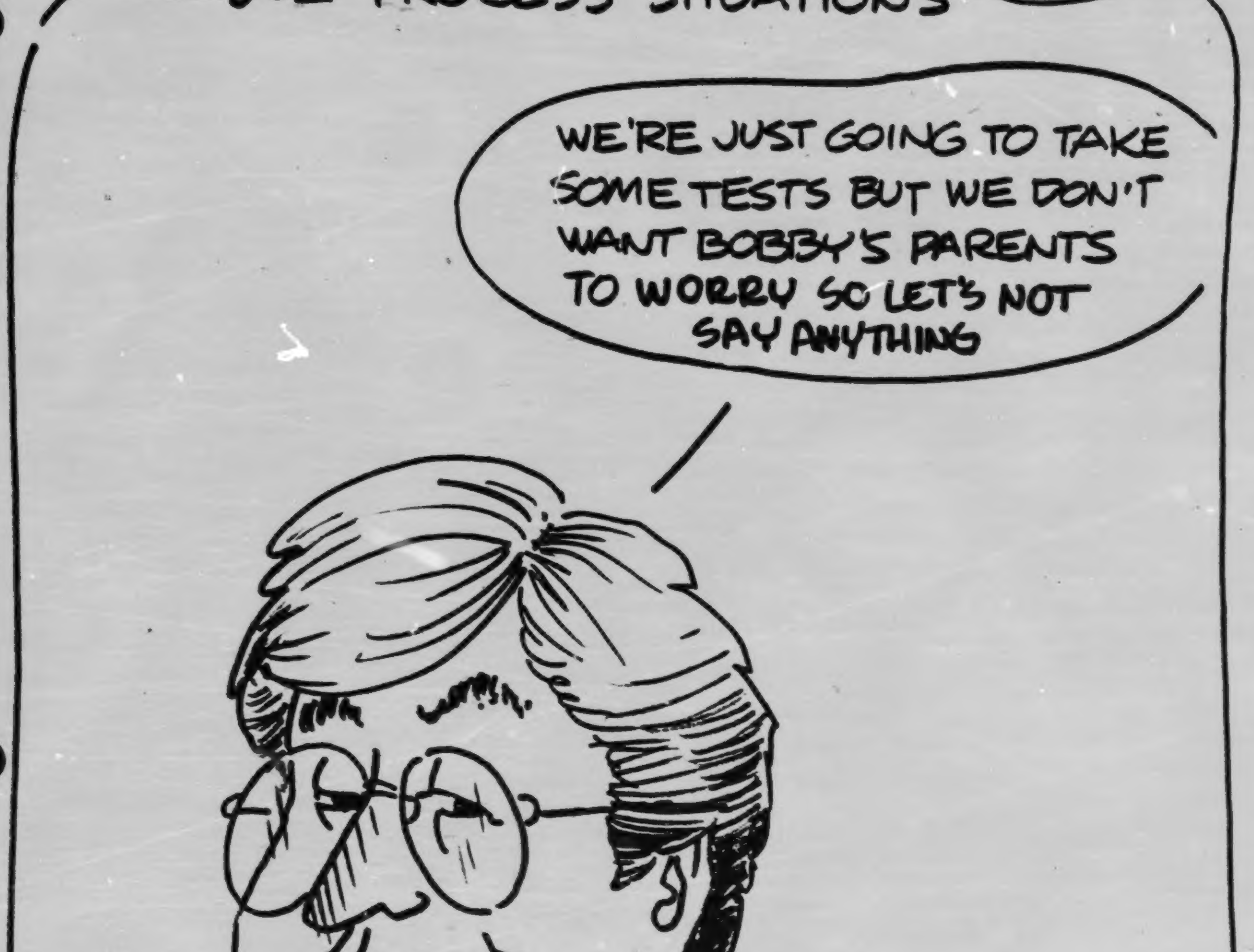

GOOD MORNING CLASS- MY NAME IS DR. SNYDER. I THOUGHT WE'D PLAY SOME GAMES TODAY.

TESTING WITHOUT PARENTAL CONSENT

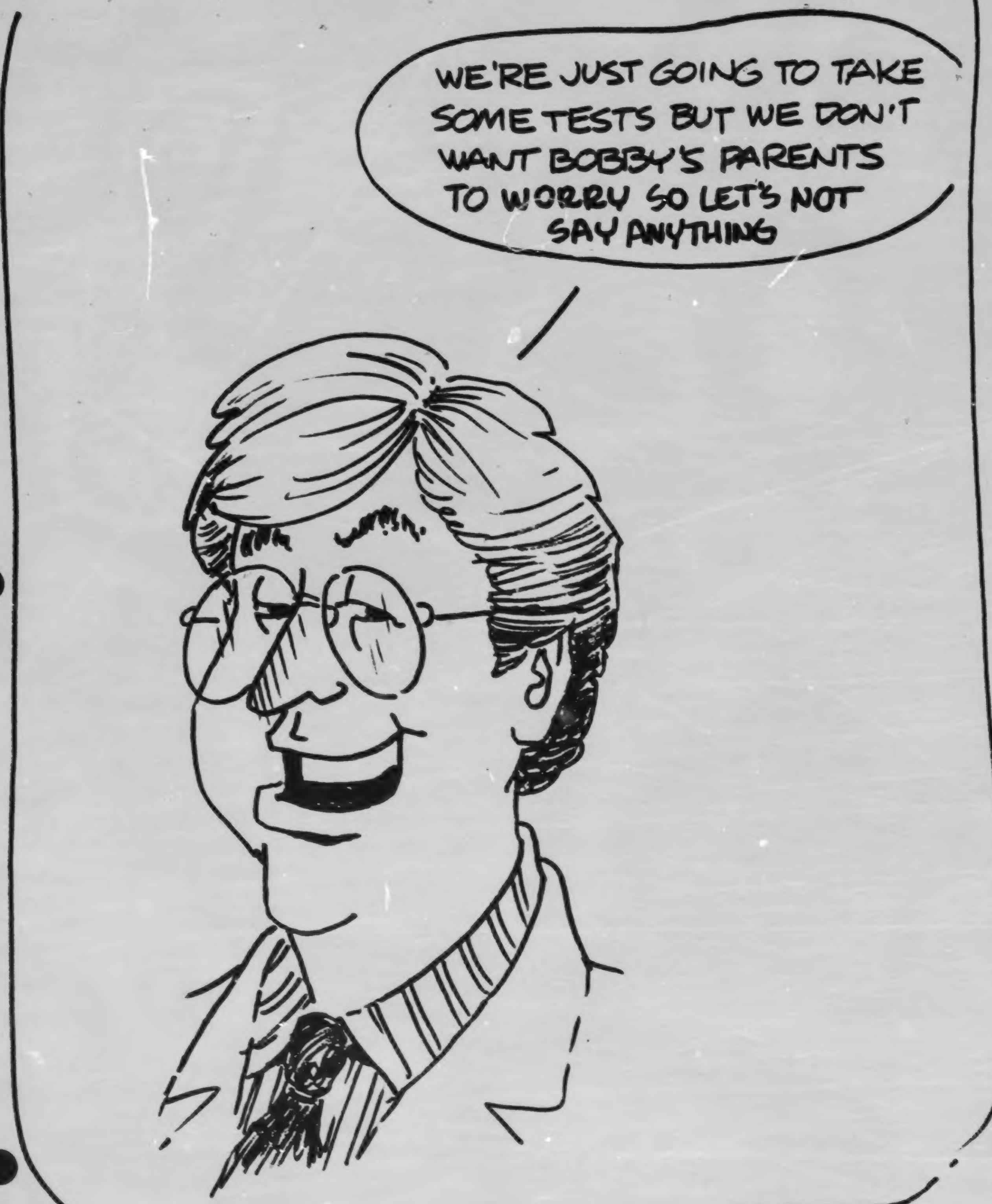
DUE PROCESS SITUATIONS


BB
SAY, WHERE IS BOBBY GOING?

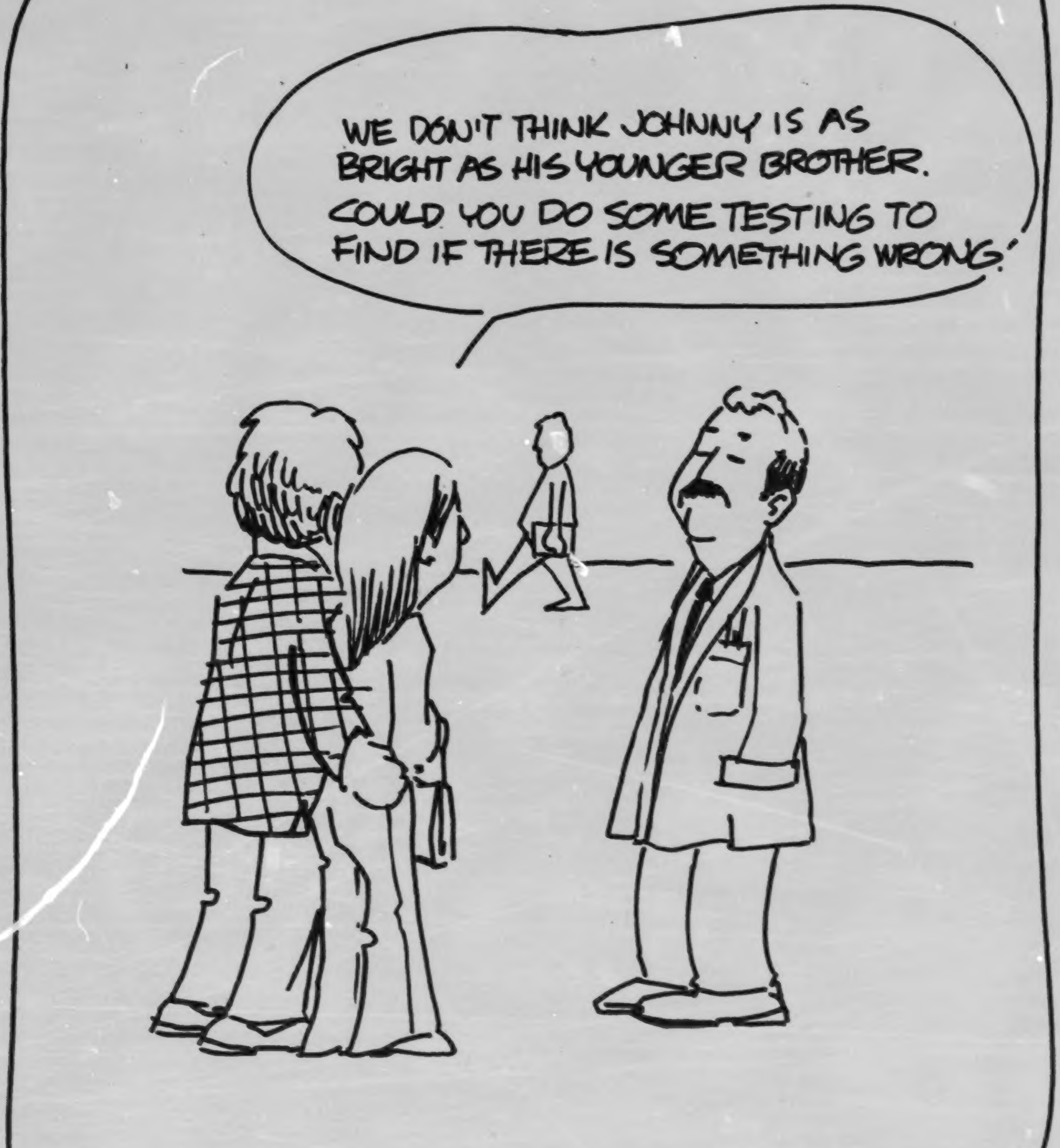
DUE PROCESS SITUATIONS


WE'RE JUST GOING TO TAKE SOME TESTS BUT WE DON'T WANT BOBBY'S PARENTS TO WORRY SO LET'S NOT SAY ANYTHING

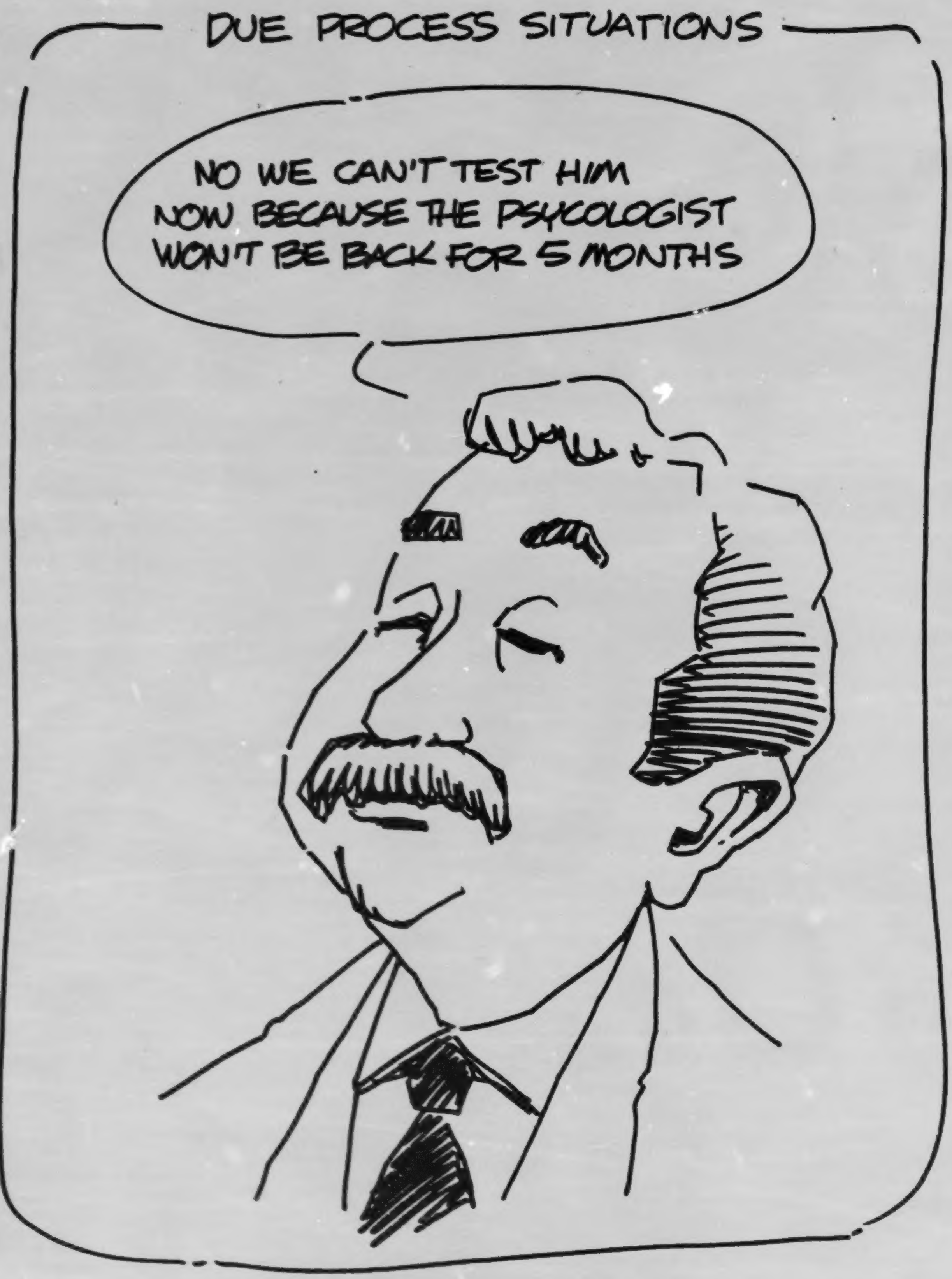
DUE PROCESS SITUATIONS


WE'RE JUST GOING TO TAKE SOME TESTS BUT WE DON'T WANT BOBBY'S PARENTS TO WORRY SO LET'S NOT SAY ANYTHING

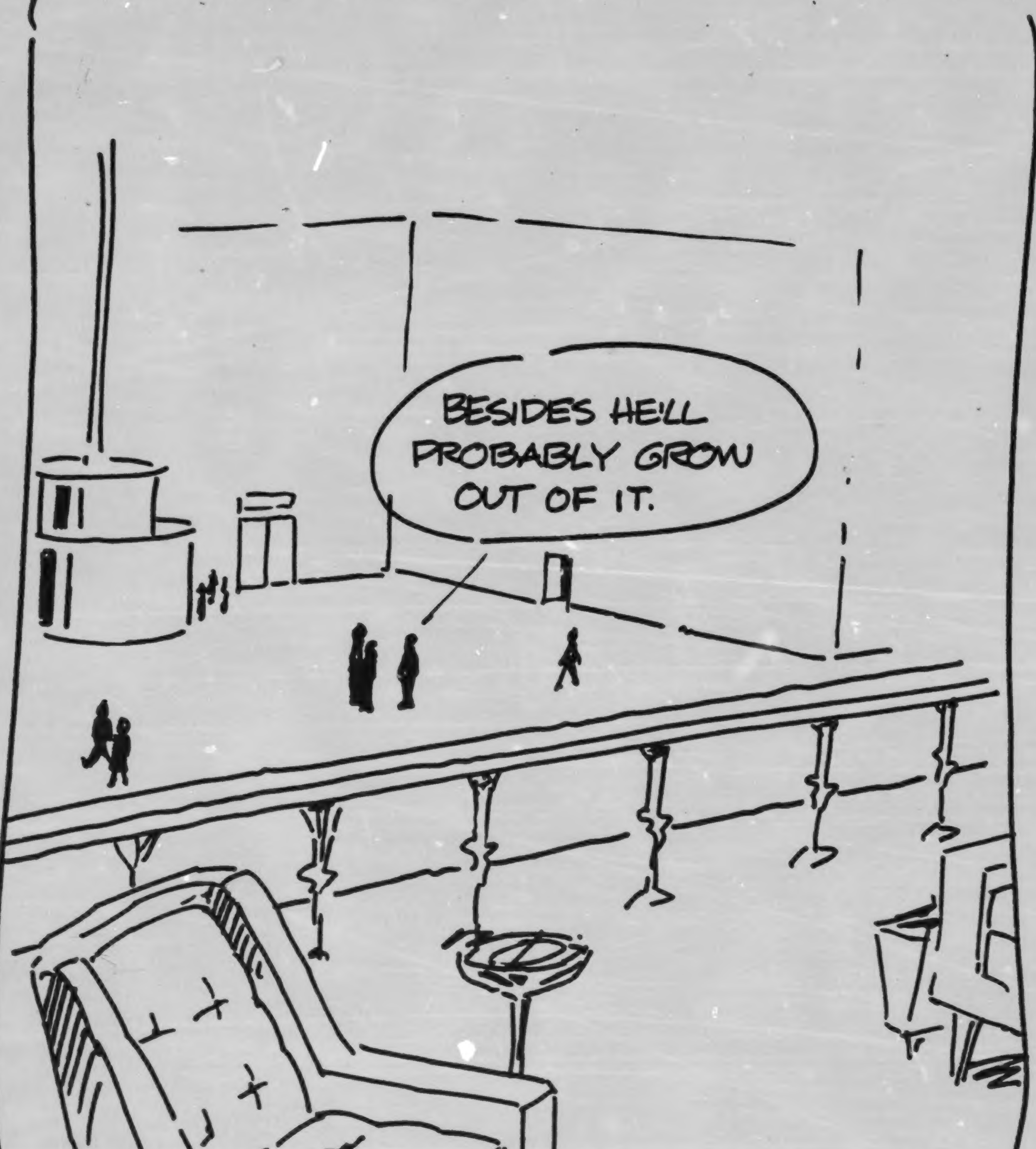
DUE PROCESS SITUATIONS

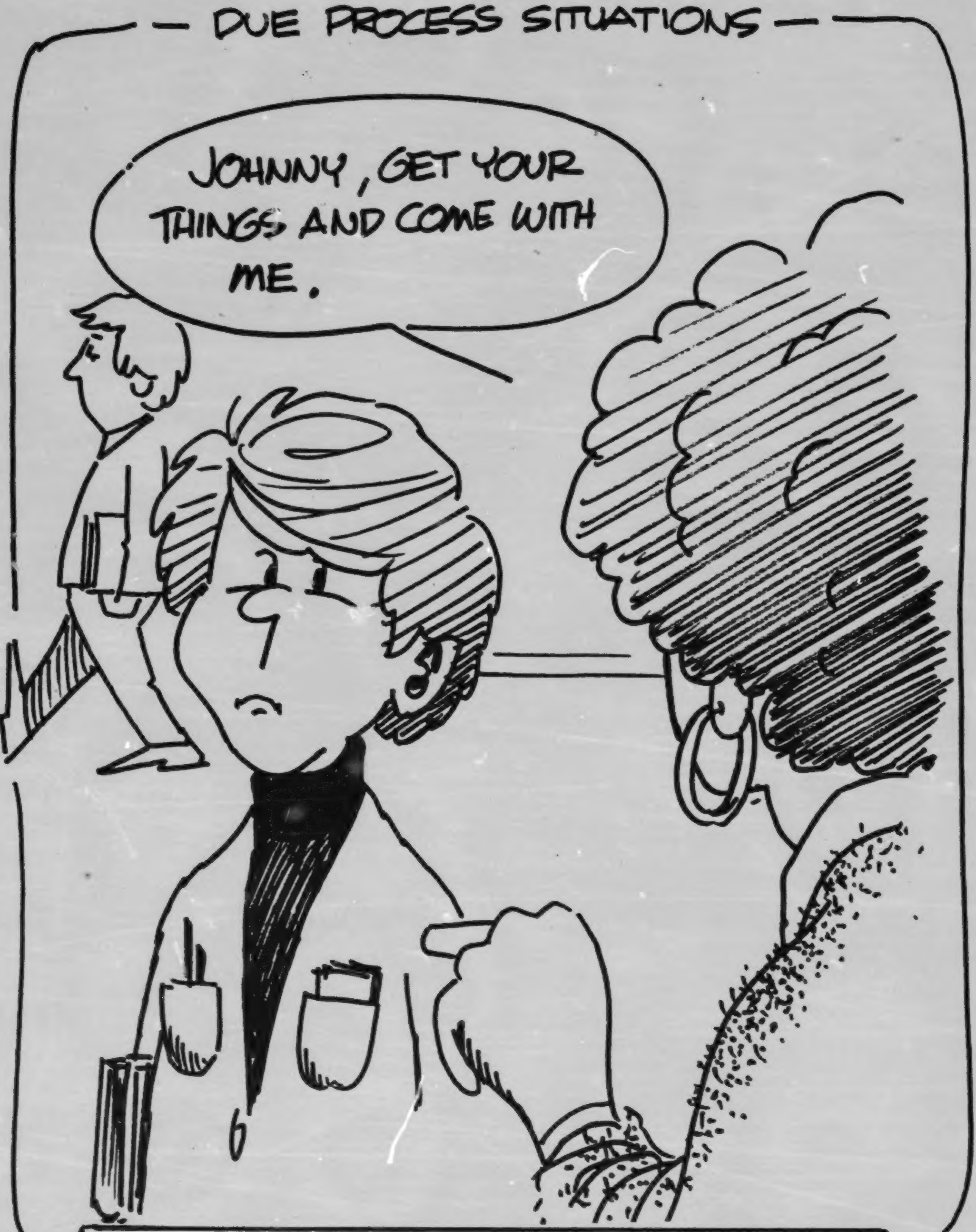

WE DON'T THINK JOHNNY IS AS BRIGHT AS HIS YOUNGER BROTHER. COULD YOU DO SOME TESTING TO FIND IF THERE IS SOMETHING WRONG?

SCHOOL REFUSES TO EVALUATE A CHILD

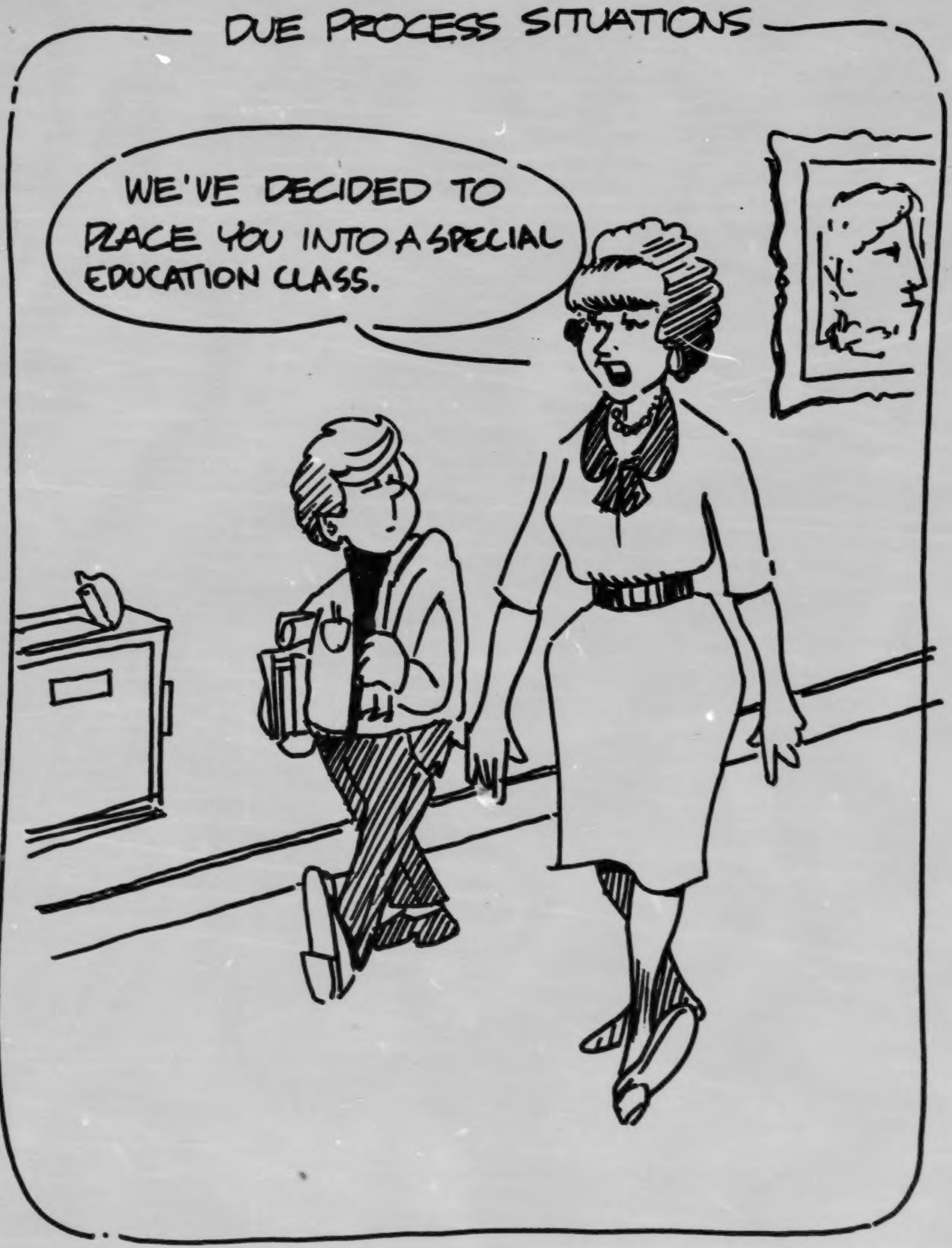

DUE PROCESS SITUATIONS
NO WE CAN'T TEST HIM NOW BECAUSE THE PSYCOLOGIST WON'T BE BACK FOR 5 MONTHS

DUE PROCESS SITUATIONS

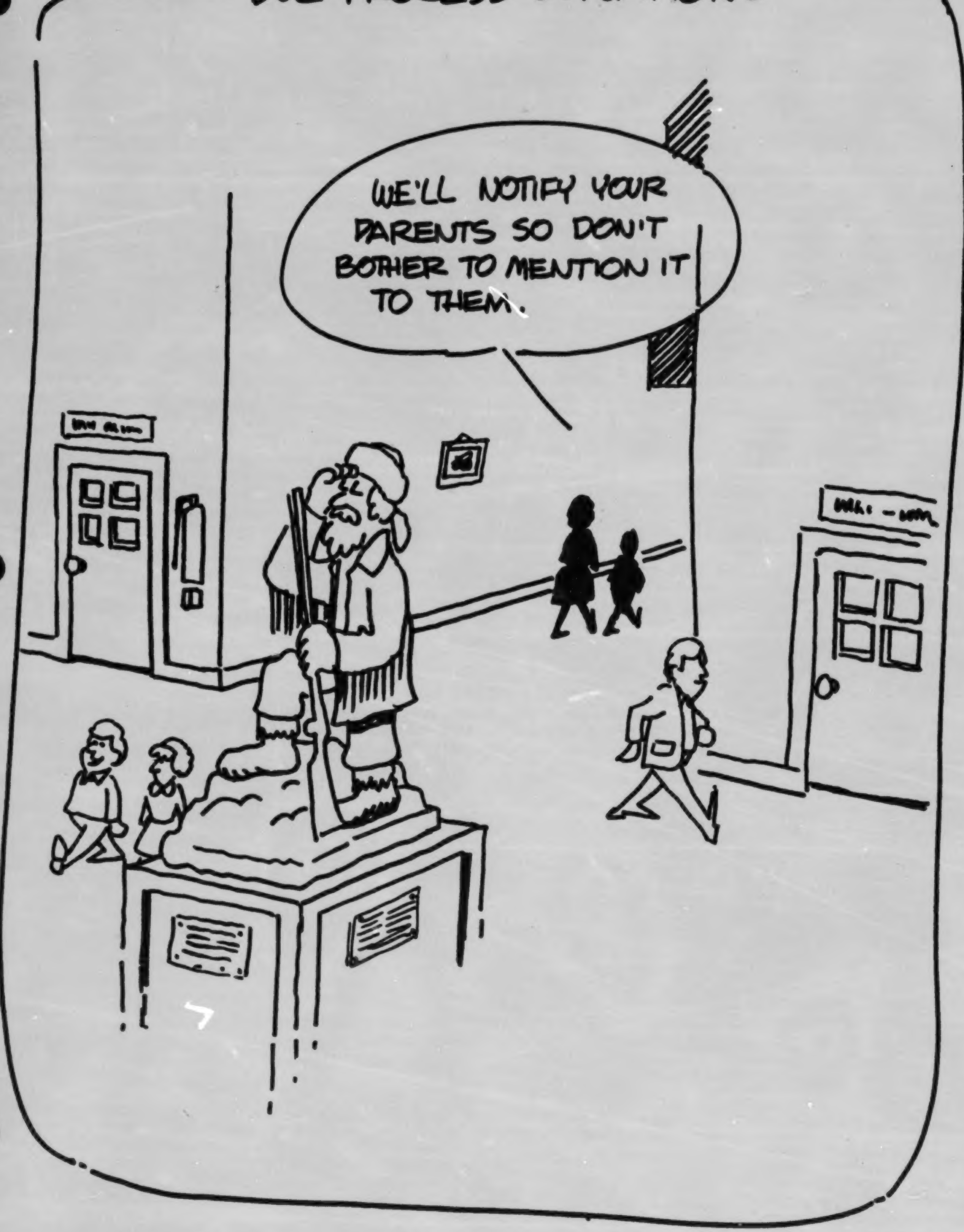

BESIDES HE'LL PROBABLY GROW OUT OF IT.


— DUE PROCESS SITUATIONS —
JOHNNY, GET YOUR THINGS AND COME WITH ME.

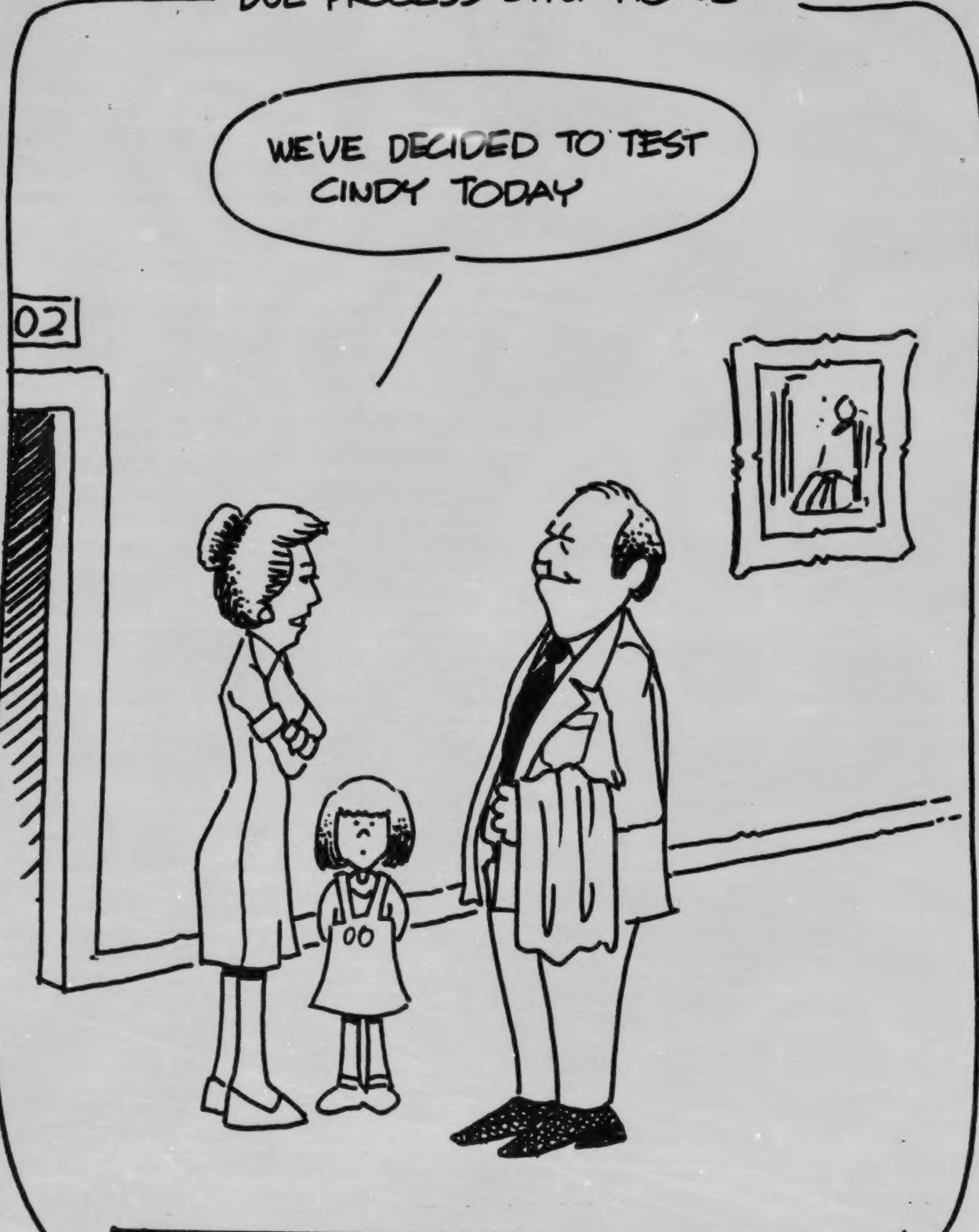
PLACEMENT WITHOUT PARENTAL CONSENT


DUE PROCESS SITUATIONS
WE'VE DECIDED TO PLACE YOU INTO A SPECIAL EDUCATION CLASS.

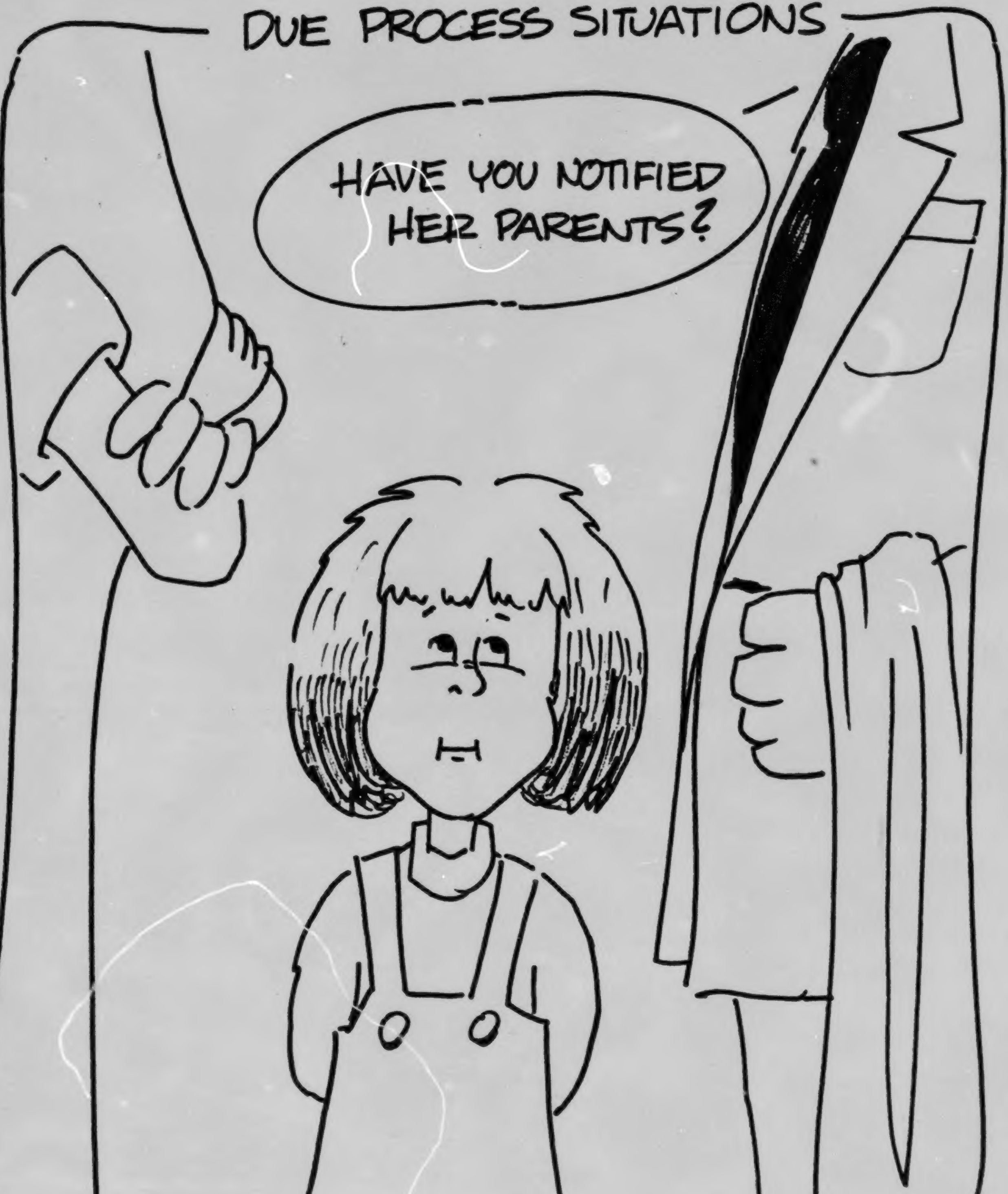
DUE PROCESS SITUATIONS


WE'LL NOTIFY YOUR PARENTS SO DON'T BOTHER TO MENTION IT TO THEM.

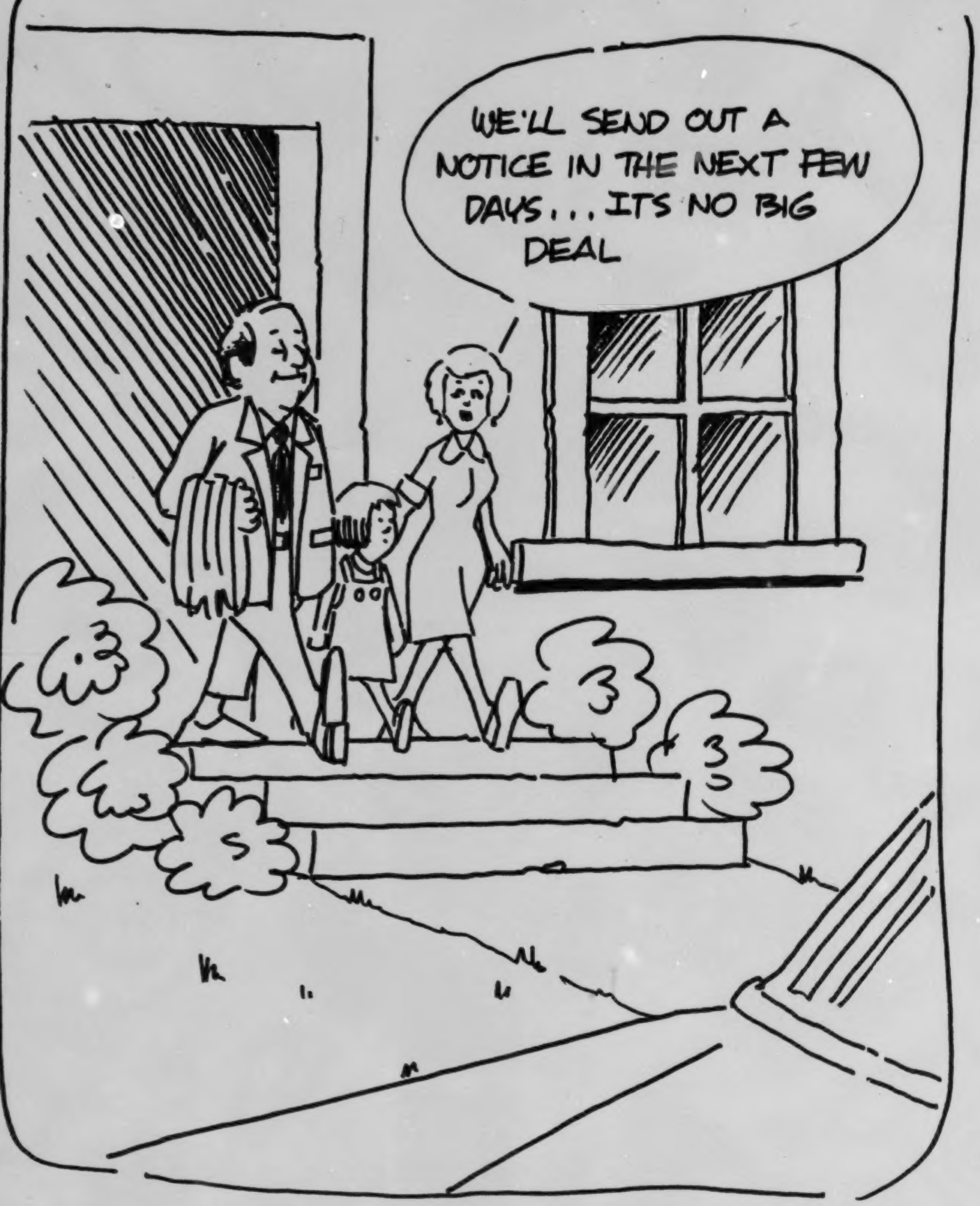
DUE PROCESS SITUATIONS


WE'VE DECIDED TO TEST CINDY TODAY
02

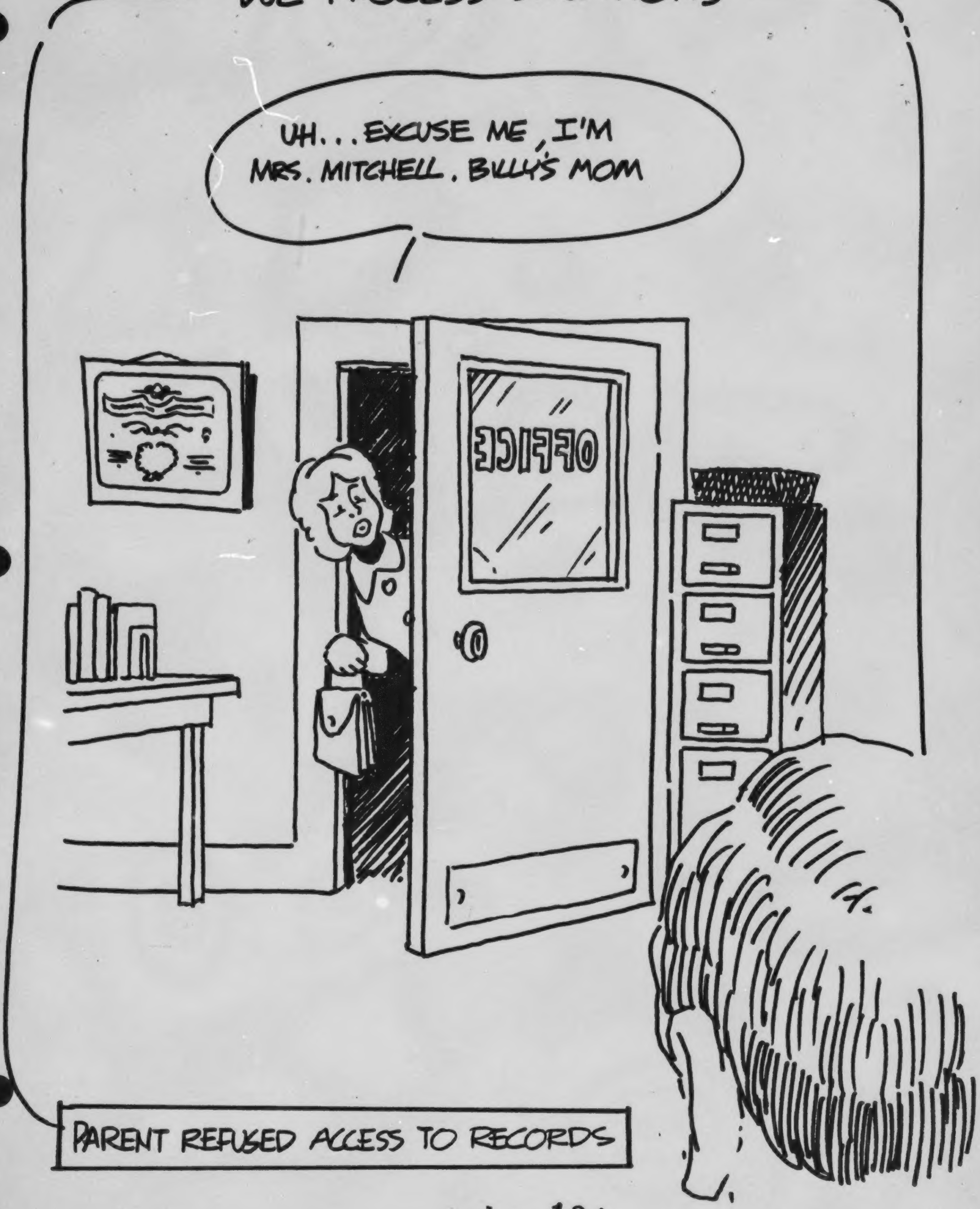
SCHOOL TESTS CHILD BEFORE NOTIFYING PARENT


DUE PROCESS SITUATIONS
HAVE YOU NOTIFIED HER PARENTS?

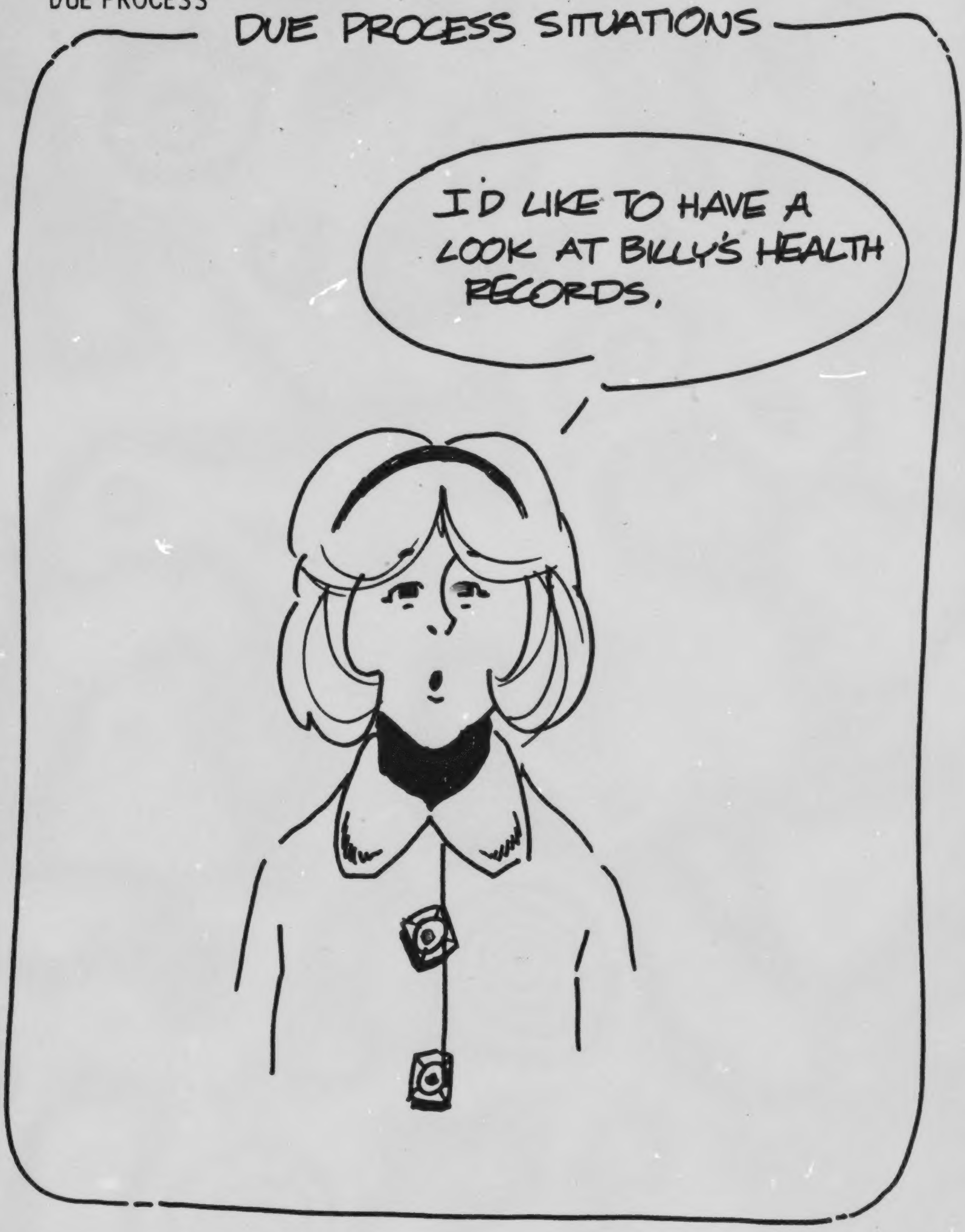
DUE PROCESS SITUATIONS


WE'LL SEND OUT A NOTICE IN THE NEXT FEW DAYS... ITS NO BIG DEAL

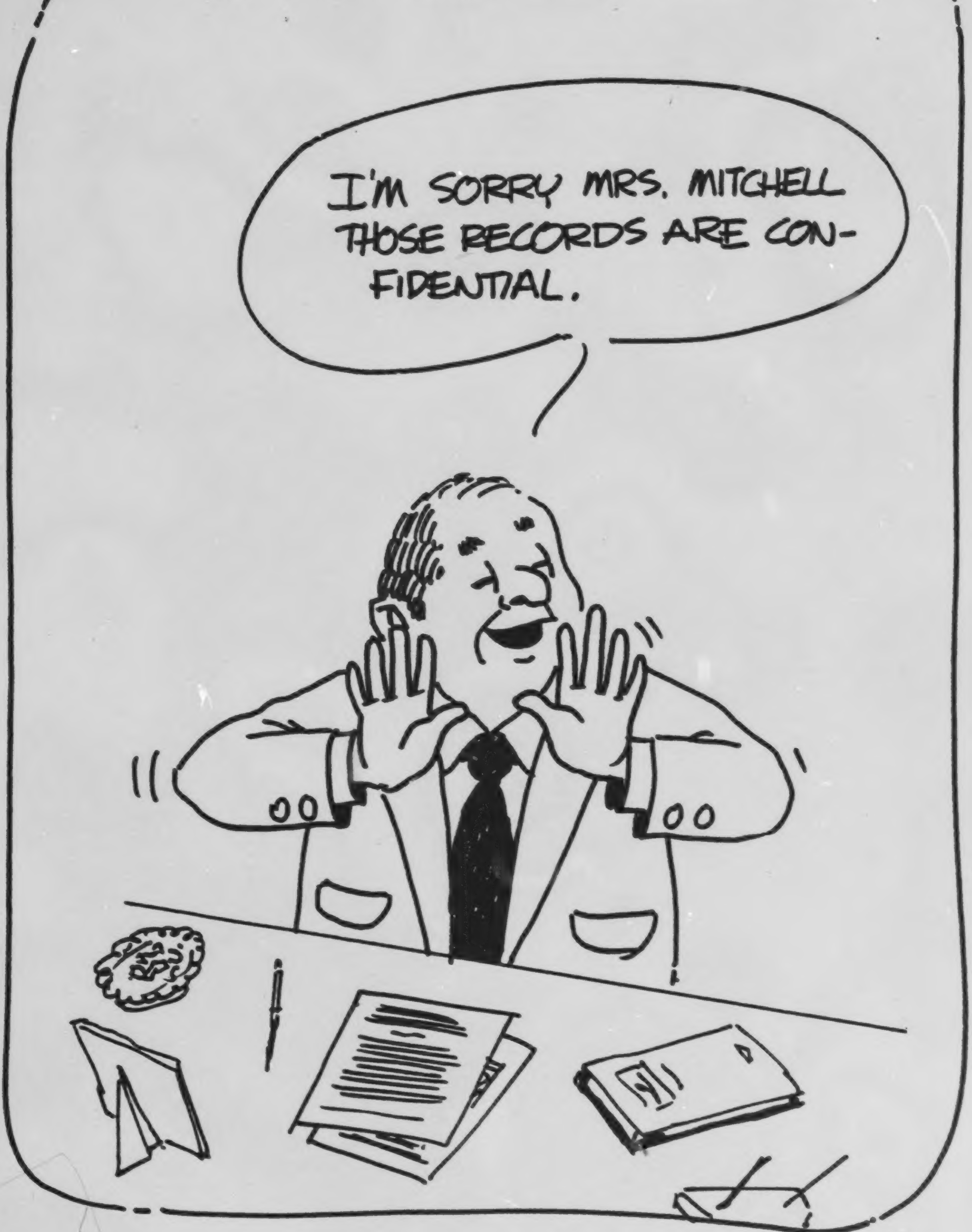
DUE PROCESS SITUATIONS


UH... EXCUSE ME, I'M MRS. MITCHELL, BILLY'S MOM
OFFICE

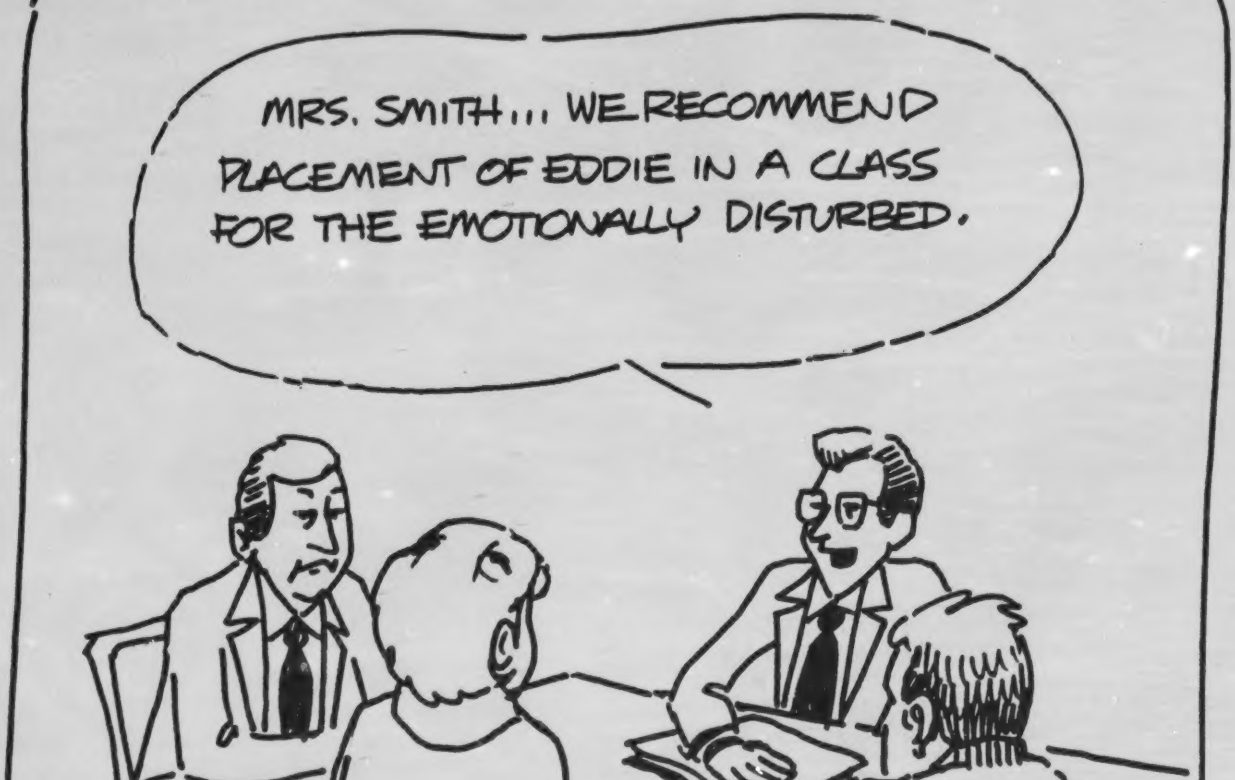
PARENT REFUSED ACCESS TO RECORDS


DUE PROCESS SITUATIONS
I'D LIKE TO HAVE A LOOK AT BILLY'S HEALTH RECORDS.

DUE PROCESS SITUATIONS

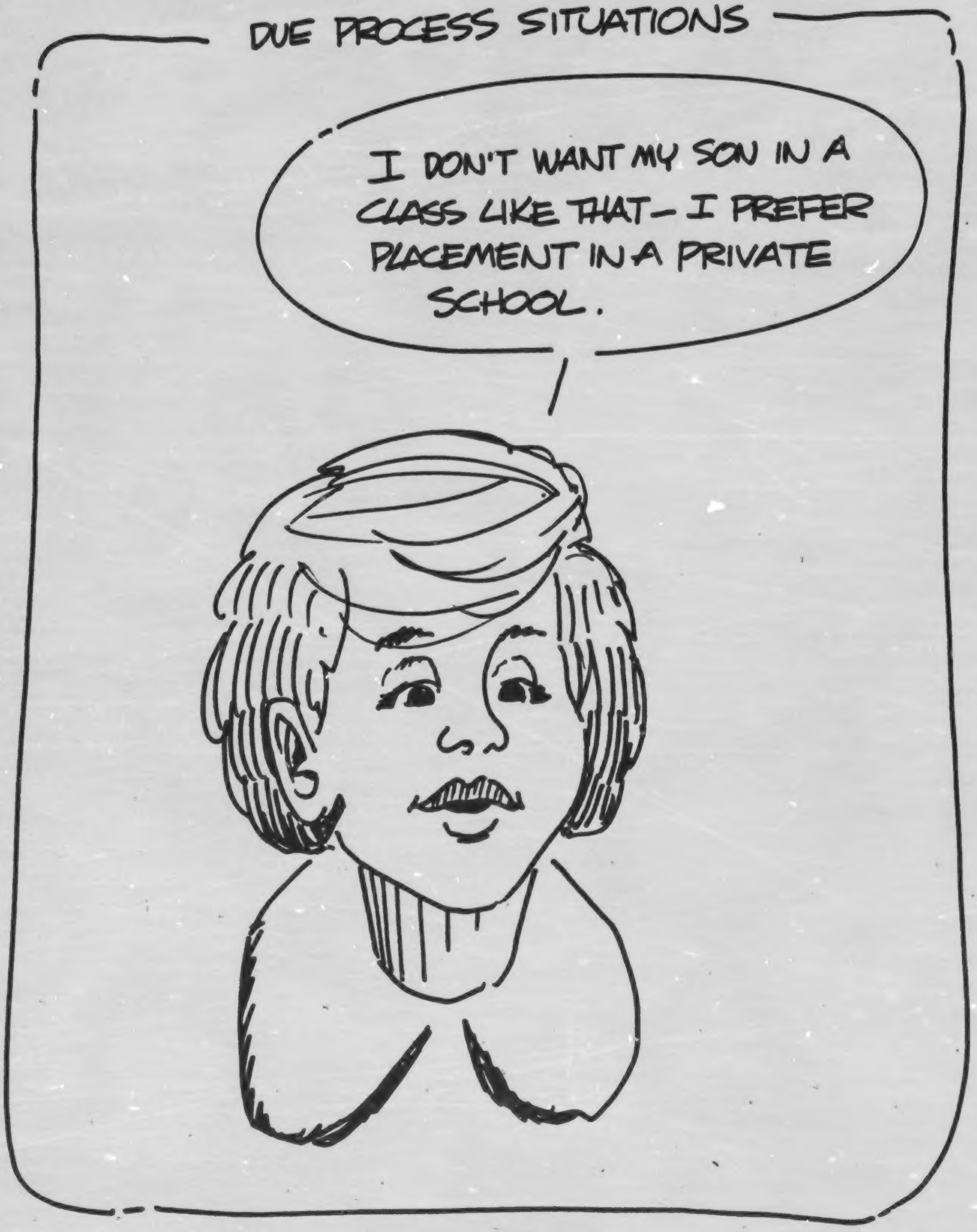

I'M SORRY MRS. MITCHELL THOSE RECORDS ARE CONFIDENTIAL.

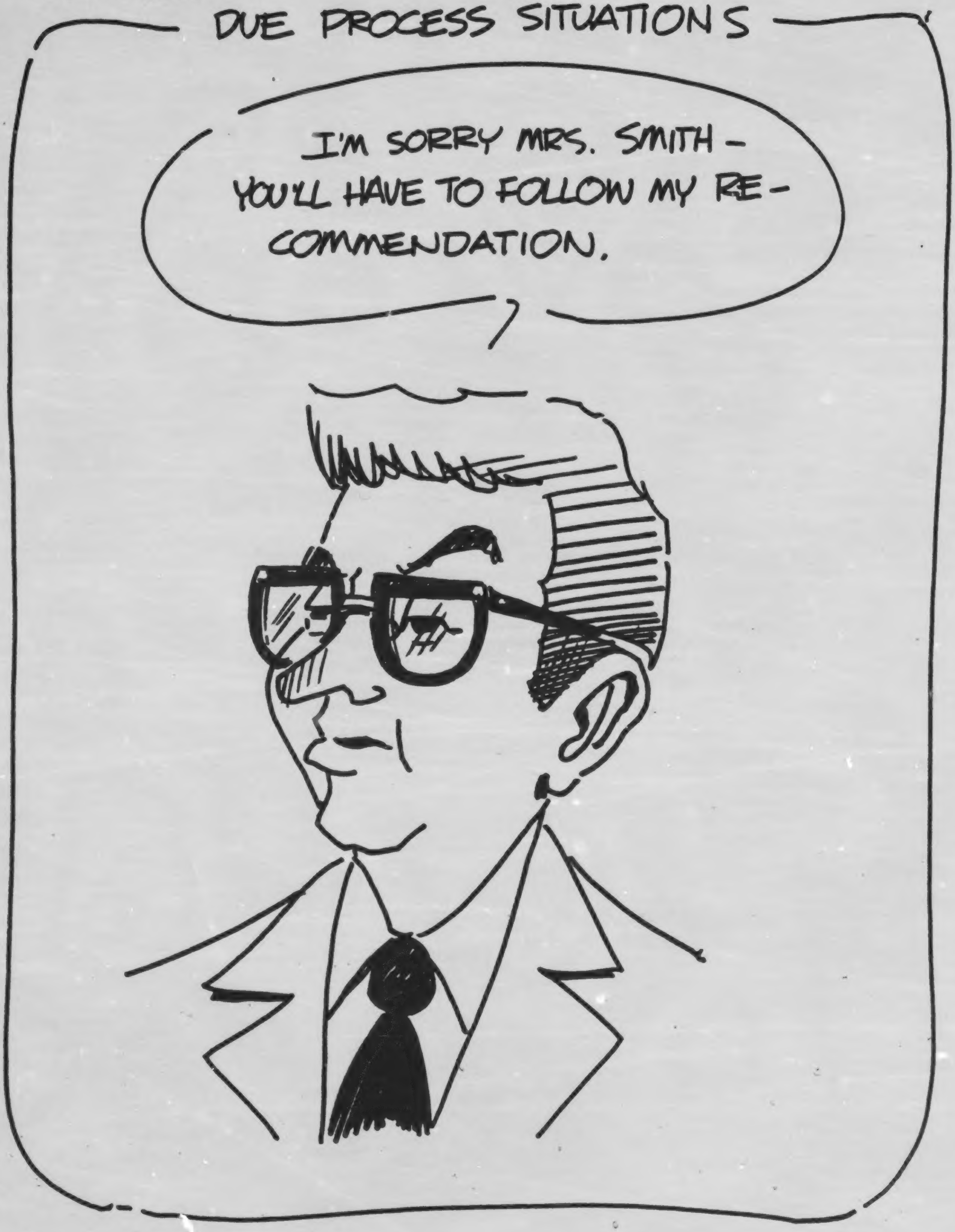
DUE PROCESS SITUATIONS


MRS. SMITH... WE RECOMMEND PLACEMENT OF EDDIE IN A CLASS FOR THE EMOTIONALLY DISTURBED.

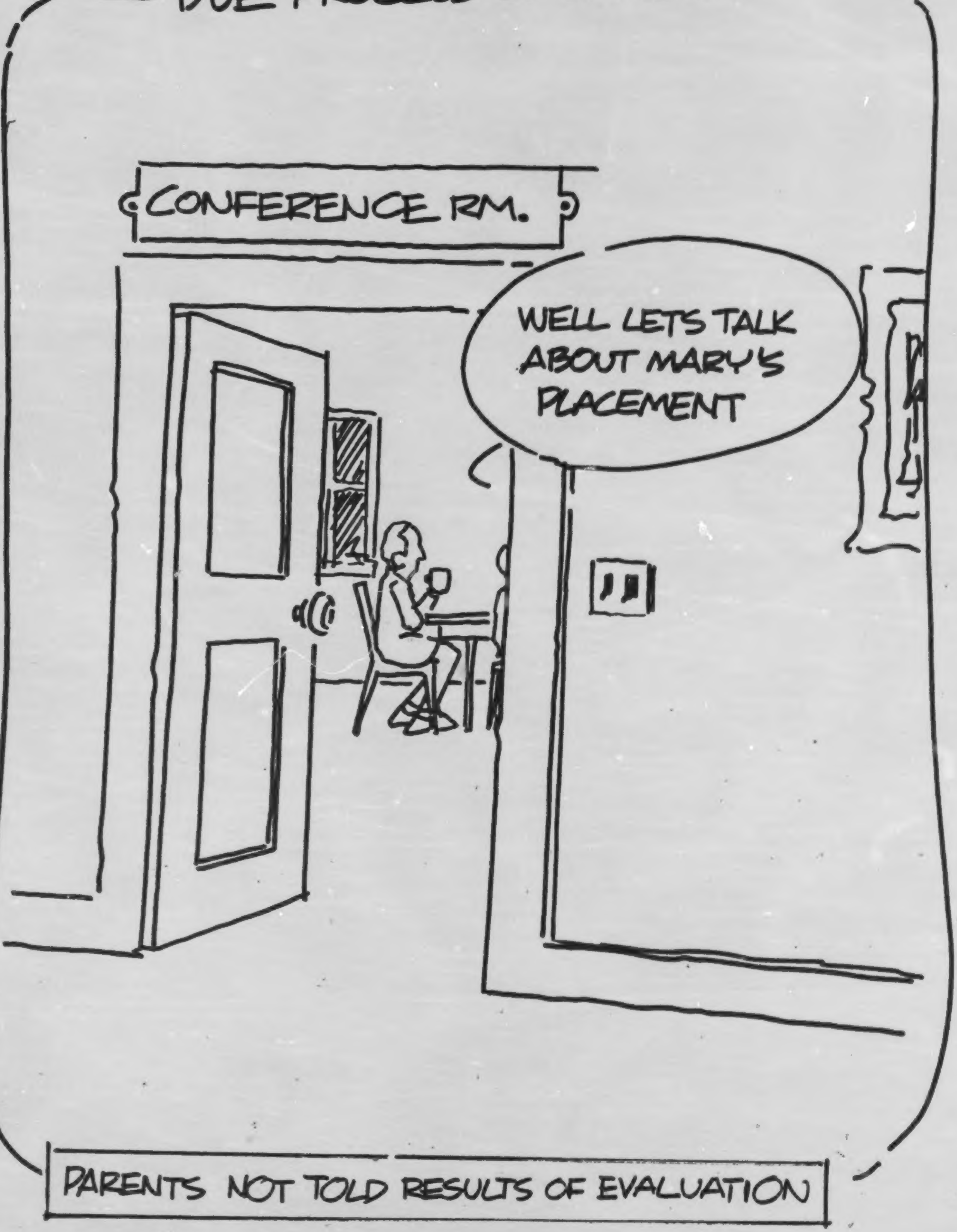
SCHOOL AND PARENT DISAGREE OVER PLACEMENT
PARENT TOLD THEY CAN DO NOTHING.

DUE PROCESS SITUATIONS


I DON'T WANT MY SON IN A CLASS LIKE THAT – I PREFER PLACEMENT IN A PRIVATE SCHOOL.

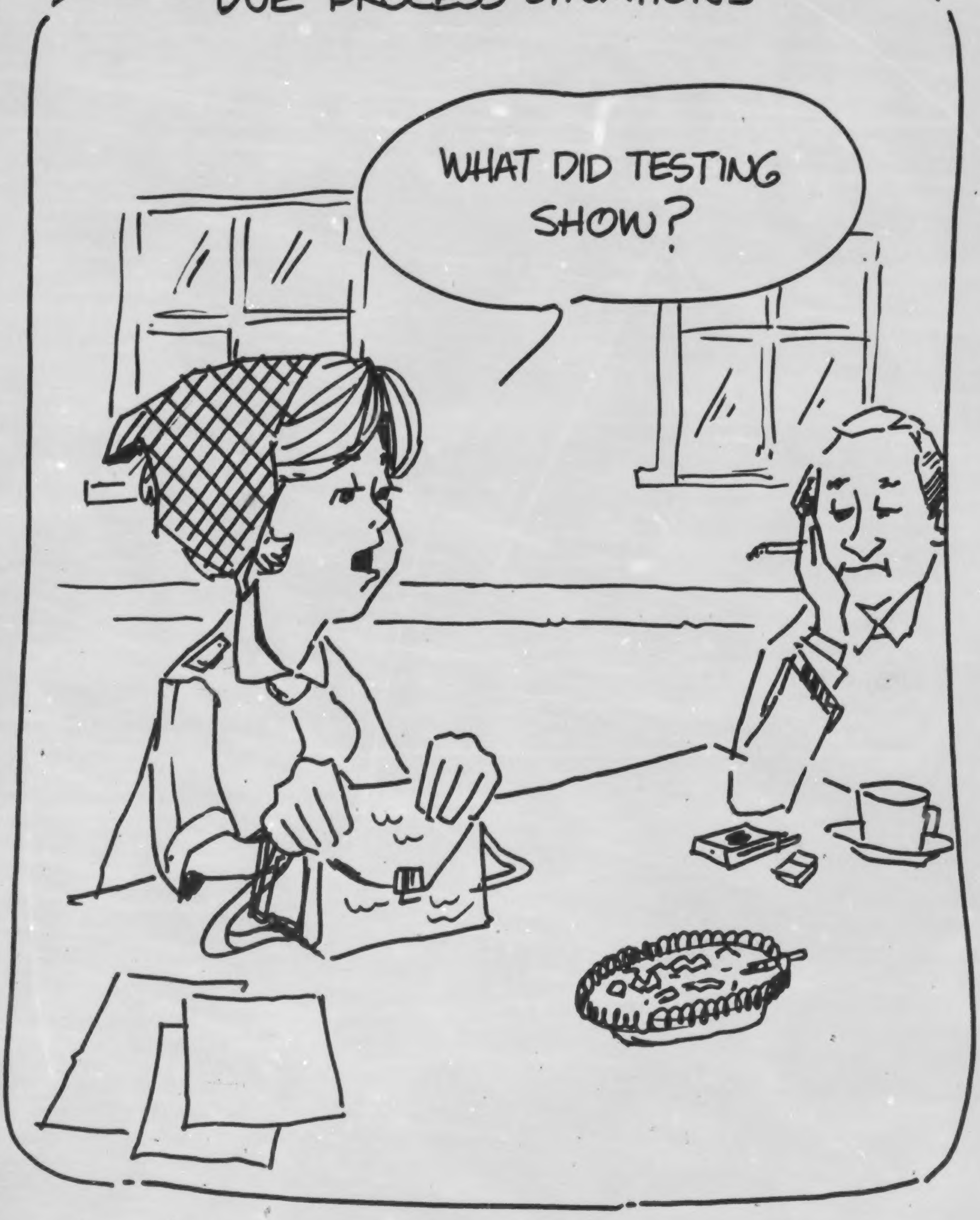

DUE PROCESS SITUATIONS
I'M SORRY MRS. SMITH - YOU'LL HAVE TO FOLLOW MY RE-COMMENDATION.

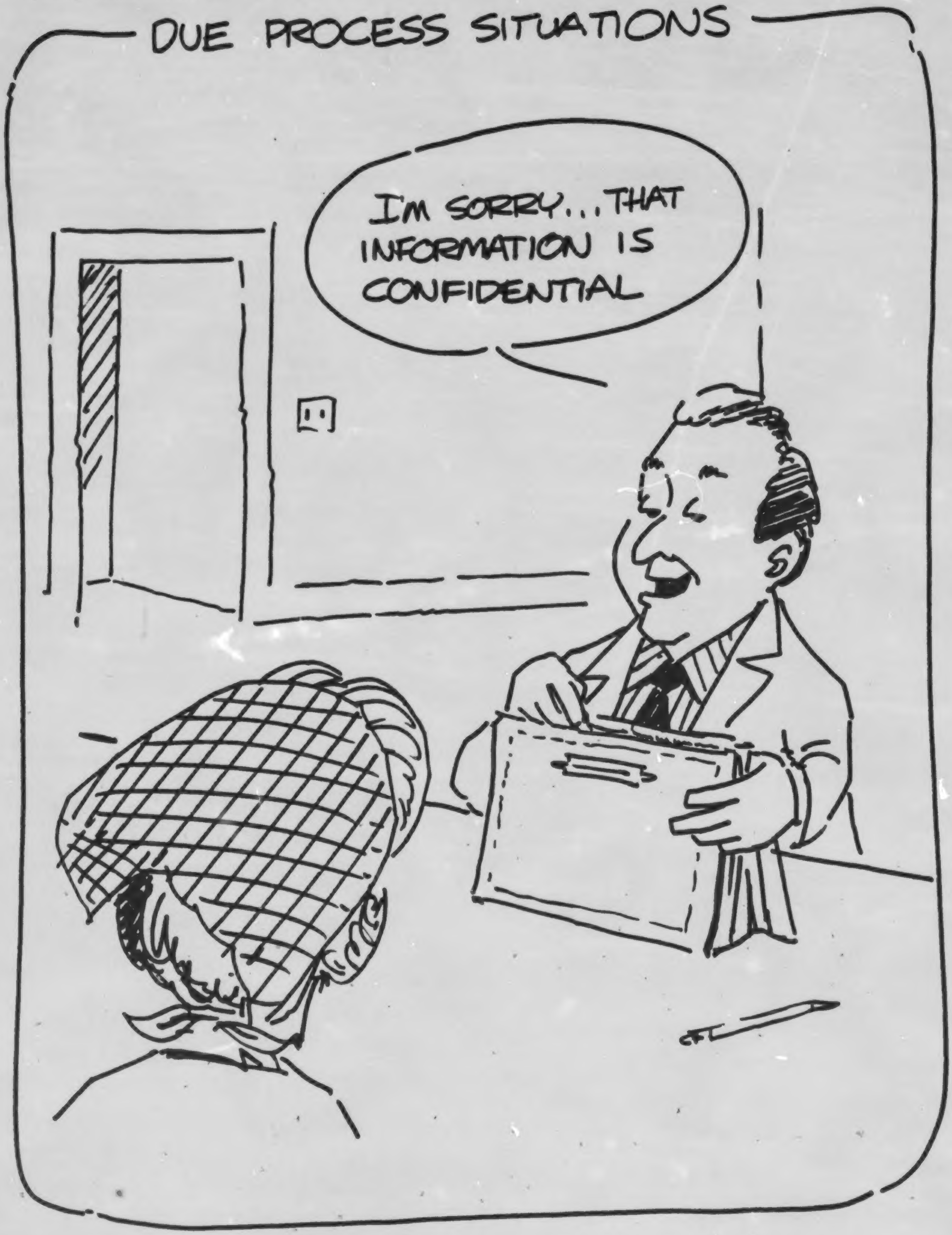
DUE PROCESS SITUATIONS


CONFERENCE RM.
WELL LETS TALK ABOUT MARY'S PLACEMENT

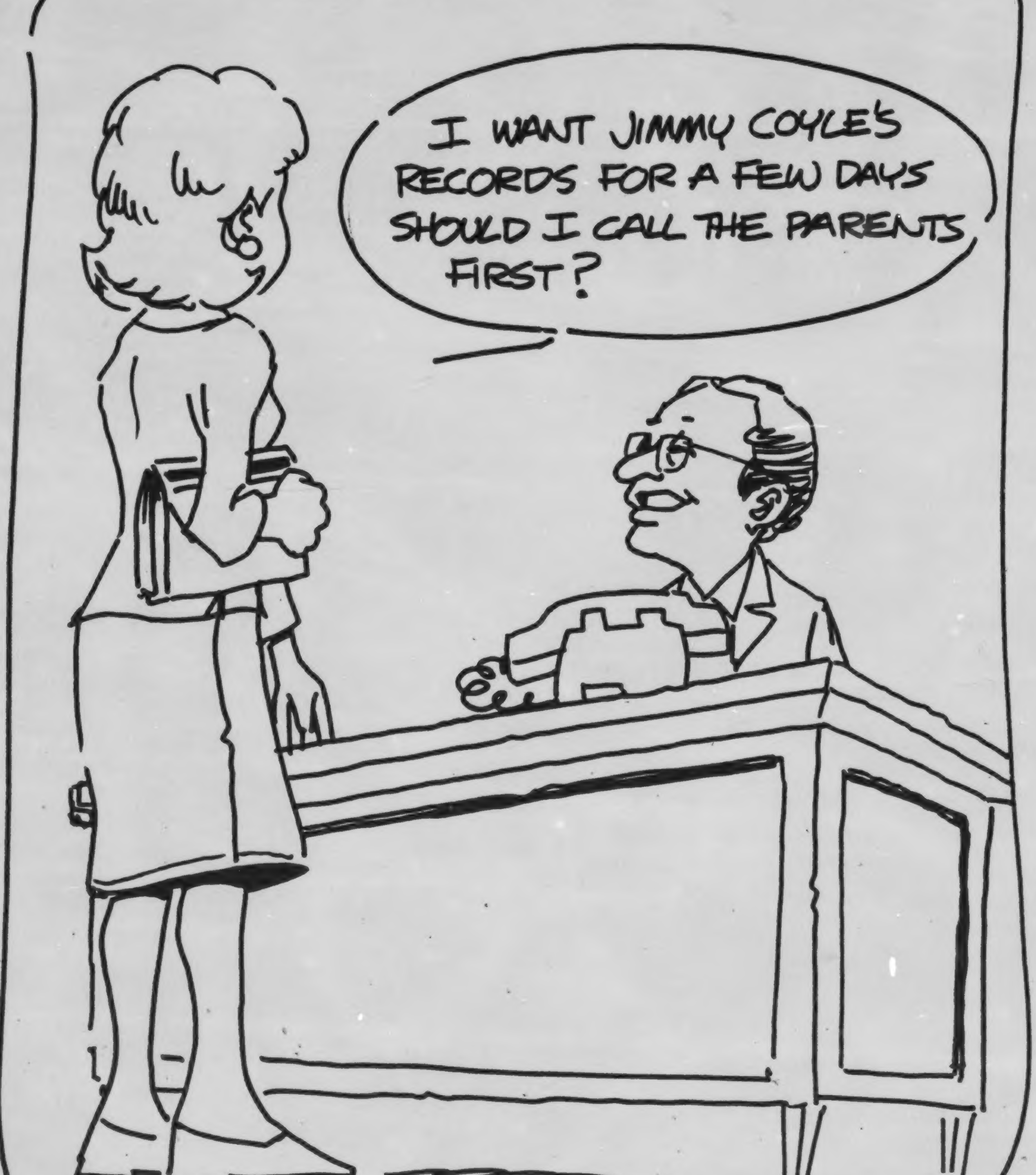
PARENTS NOT TOLD RESULTS OF EVALUATION

DUE PROCESS SITUATIONS


WHAT DID TESTING SHOW?

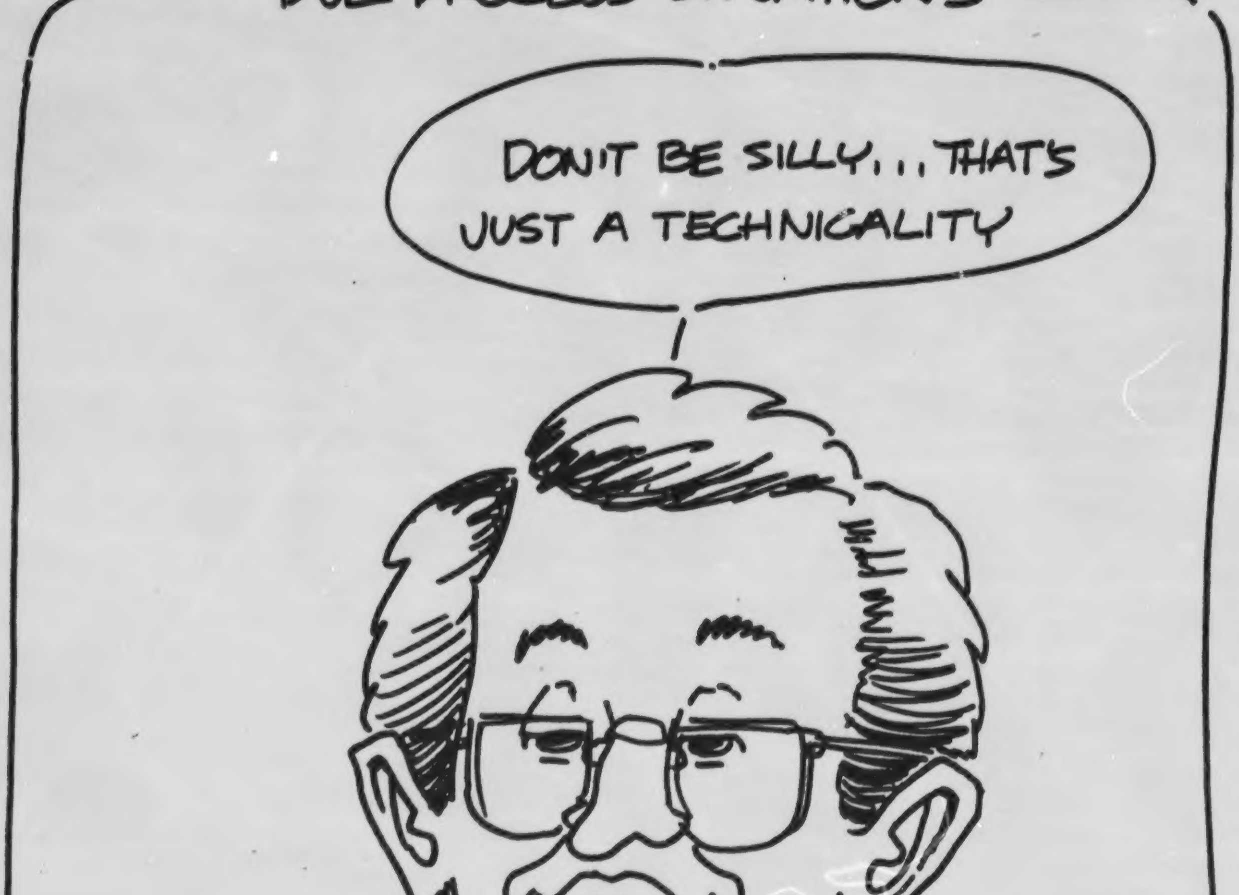

DUE PROCESS SITUATIONS
I'M SORRY... THAT INFORMATION IS CONFIDENTIAL

DUE PROCESS SITUATIONS

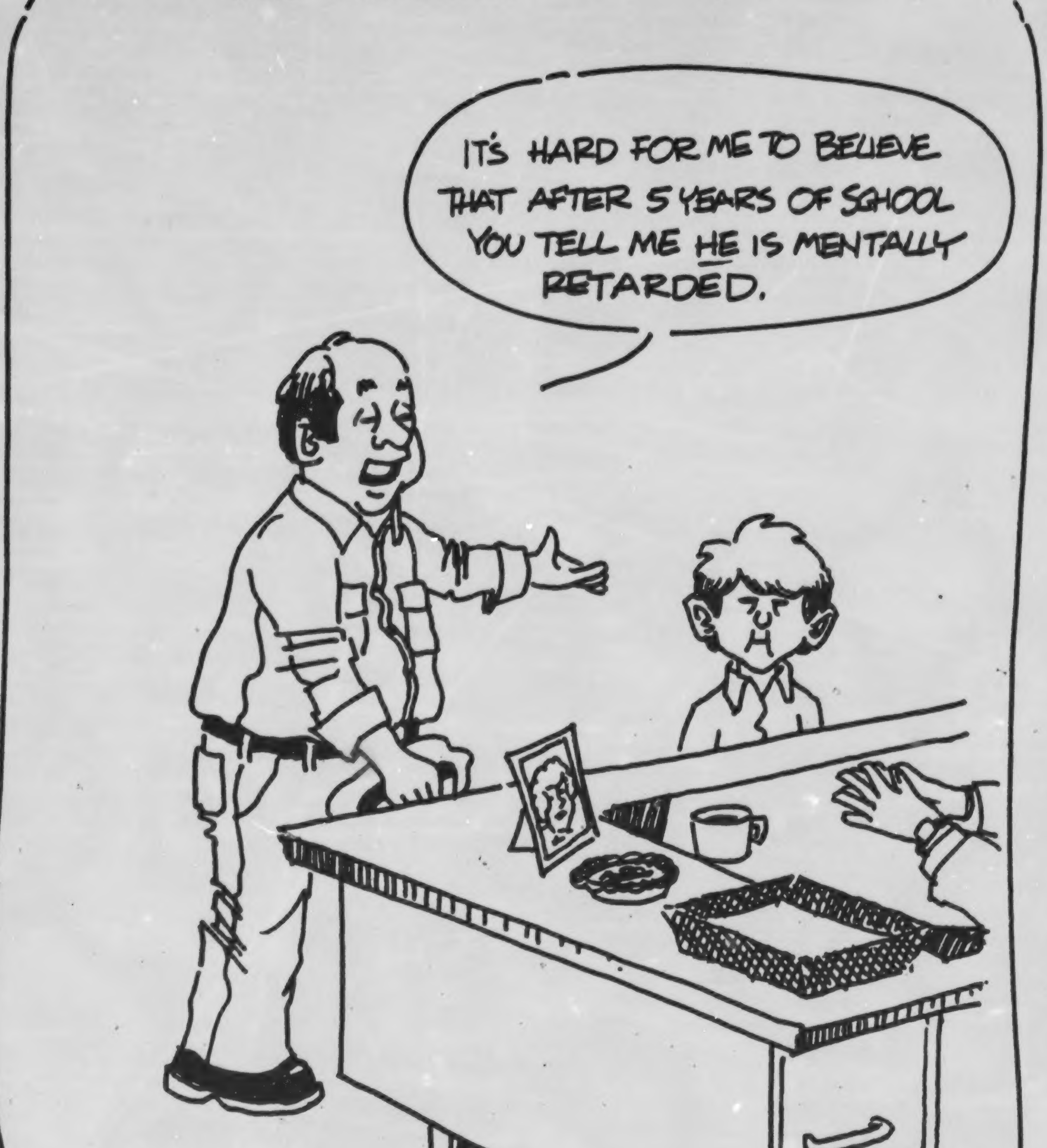

I WANT JIMMY COYLE'S RECORDS FOR A FEW DAYS SHOULD I CALL THE PARENTS FIRST?

RECORDS RELEASED WITHOUT PARENTAL CONSENT

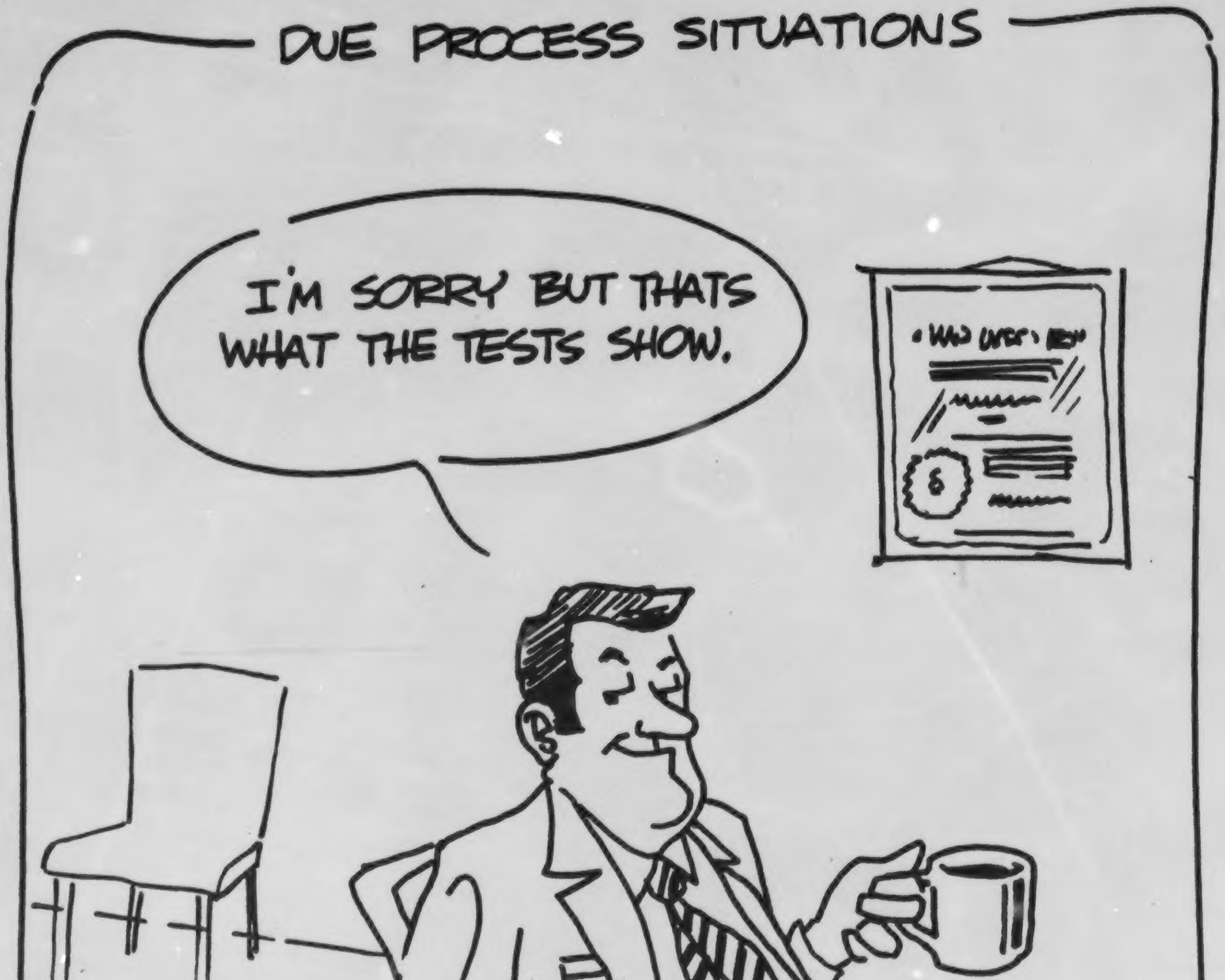
DUE PROCESS SITUATIONS

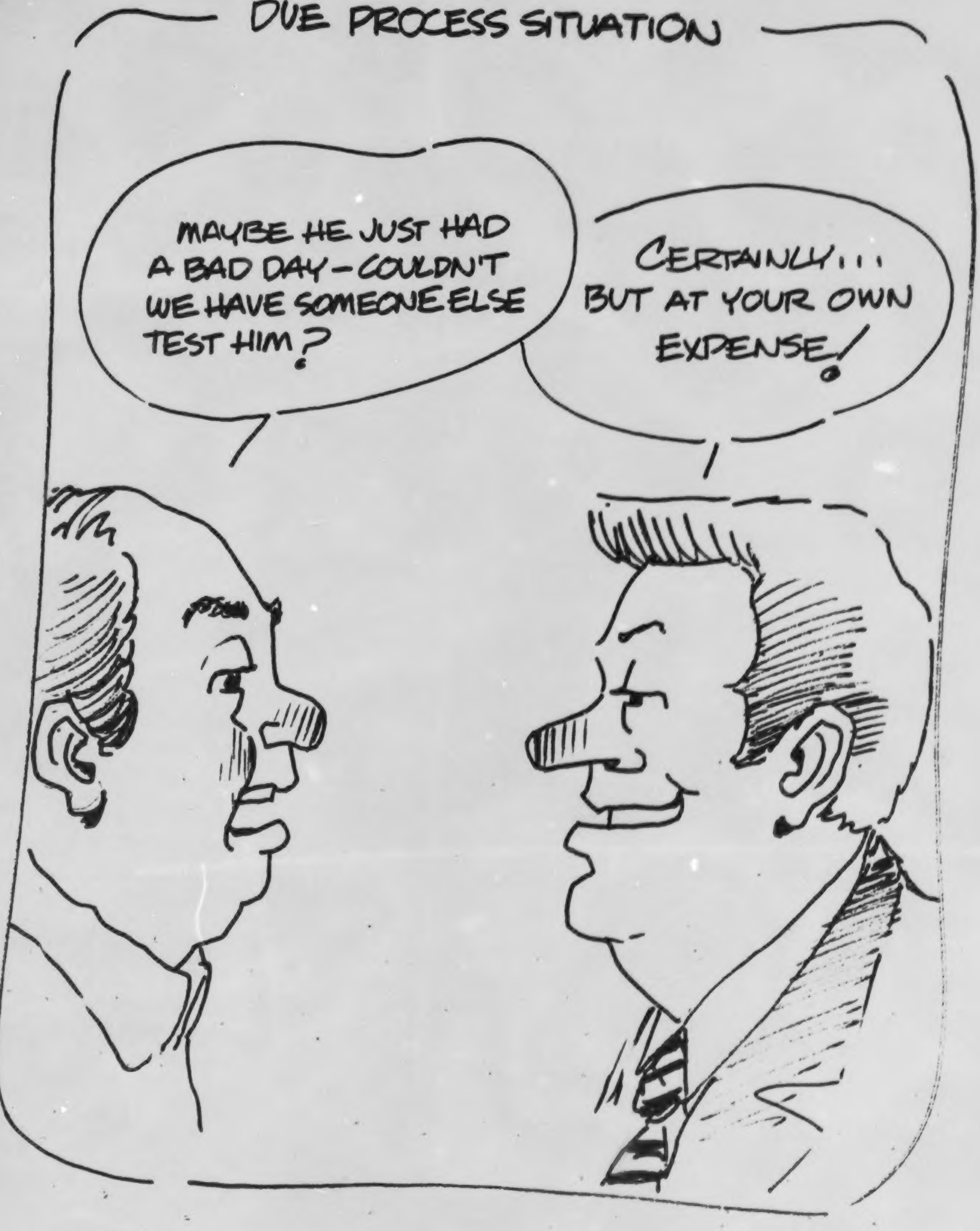

DON'T BE SILLY... THAT'S JUST A TECHNICALITY

DUE PROCESS SITUATIONS


IT'S HARD FOR ME TO BELIEVE THAT AFTER 5 YEARS OF SCHOOL YOU TELL ME HE IS MENTALLY RETARDED.

SCHOOL SAYS PARENT MUST PAY FOR INDEPENDENT EVALUATION.


DUE PROCESS SITUATIONS
I'M SORRY BUT THATS WHAT THE TESTS SHOW.


DUE PROCESS SITUATION
MAYBE HE JUST HAD A BAD DAY - COULDN'T WE HAVE SOMEONE ELSE TEST HIM?
CERTAINLY... BUT AT YOUR OWN EXPENSE!

PRELIMINARY STEPS:
CONFIDENTIALITY

HANDOUT 1

CONFIDENTIALITY

Regulations governing state and federal laws on confidentiality outline specific requirements which districts must cover in local plans. These include:

- Notifying parents annually of the types of information collected and maintained
- Notifying parents of those people who have access to their child's educational records
- Notifying parents of their right to review, challenge, and possibly amend their child's records
- Notifying parents of their right to include, as part of their child's record, a statement disagreeing with information maintained in the record
- Obtaining informed consent from the parent prior to the collection and recording of certain types of individual pupil information (e.g., individual assessment data)
- Obtaining written parent permission to send information to any individual or agency not specifically defined as having a legitimate educational interest
- Appointing a certified employee in the agency to be responsible for maintaining the confidentiality of records
- Maintaining, as part of the pupil's record, a log identifying those persons or organizations having had, and currently having access to records
- Assuring that established procedures will be followed for the destruction of material in children's records when the material is no longer educationally useful
- Notifying parents of the intent prior to the destruction of records in their child's file
- Informing parents of their right to challenge and appeal the content of their child's records

- From Walther, C. J. and F. H. Busher. "Protecting Confidentiality of Information", unpublished paper for California State Department of Education, 1977.

HANDOUT 2

Confidentiality Response Sheet

1.

2.

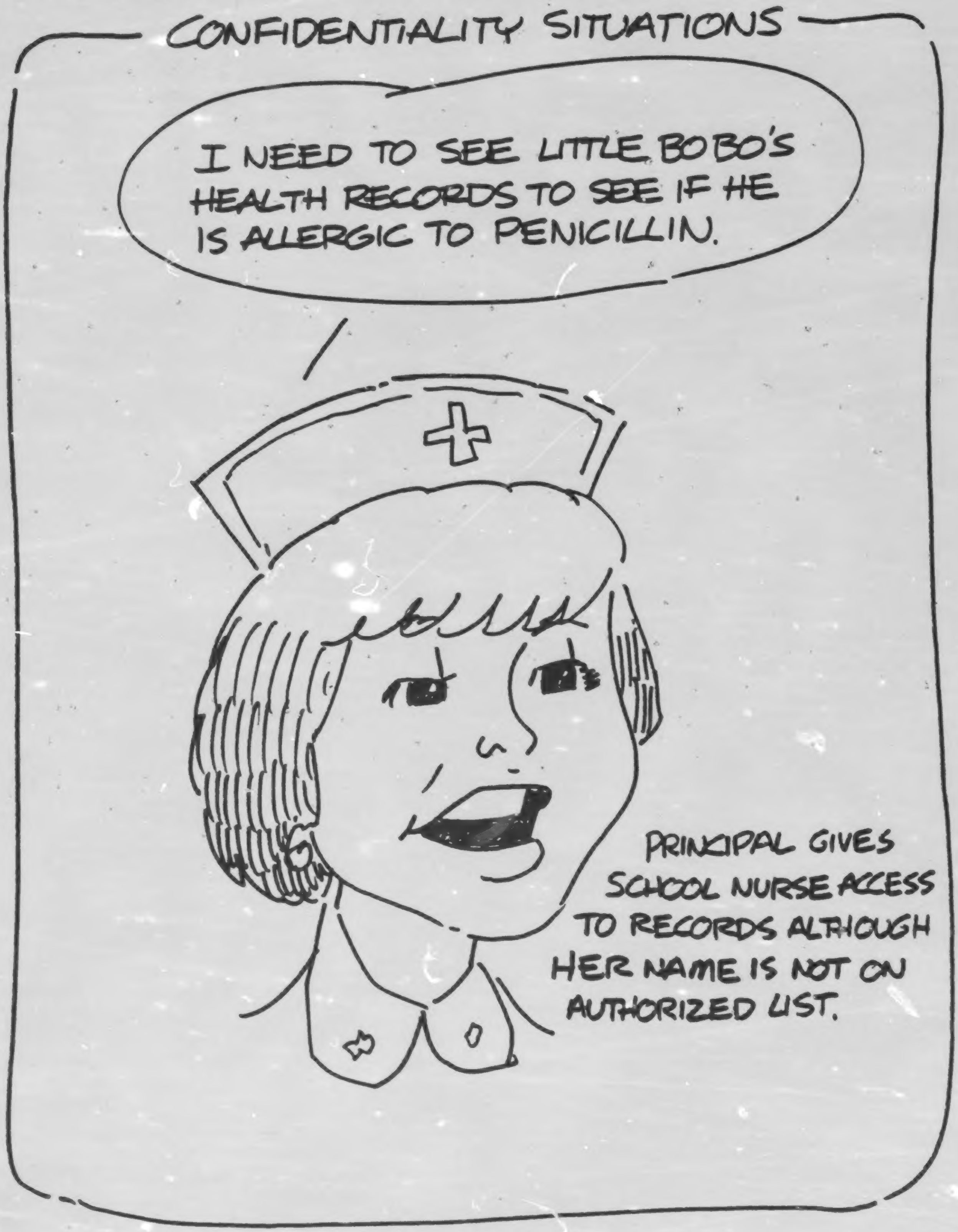
3.

4.

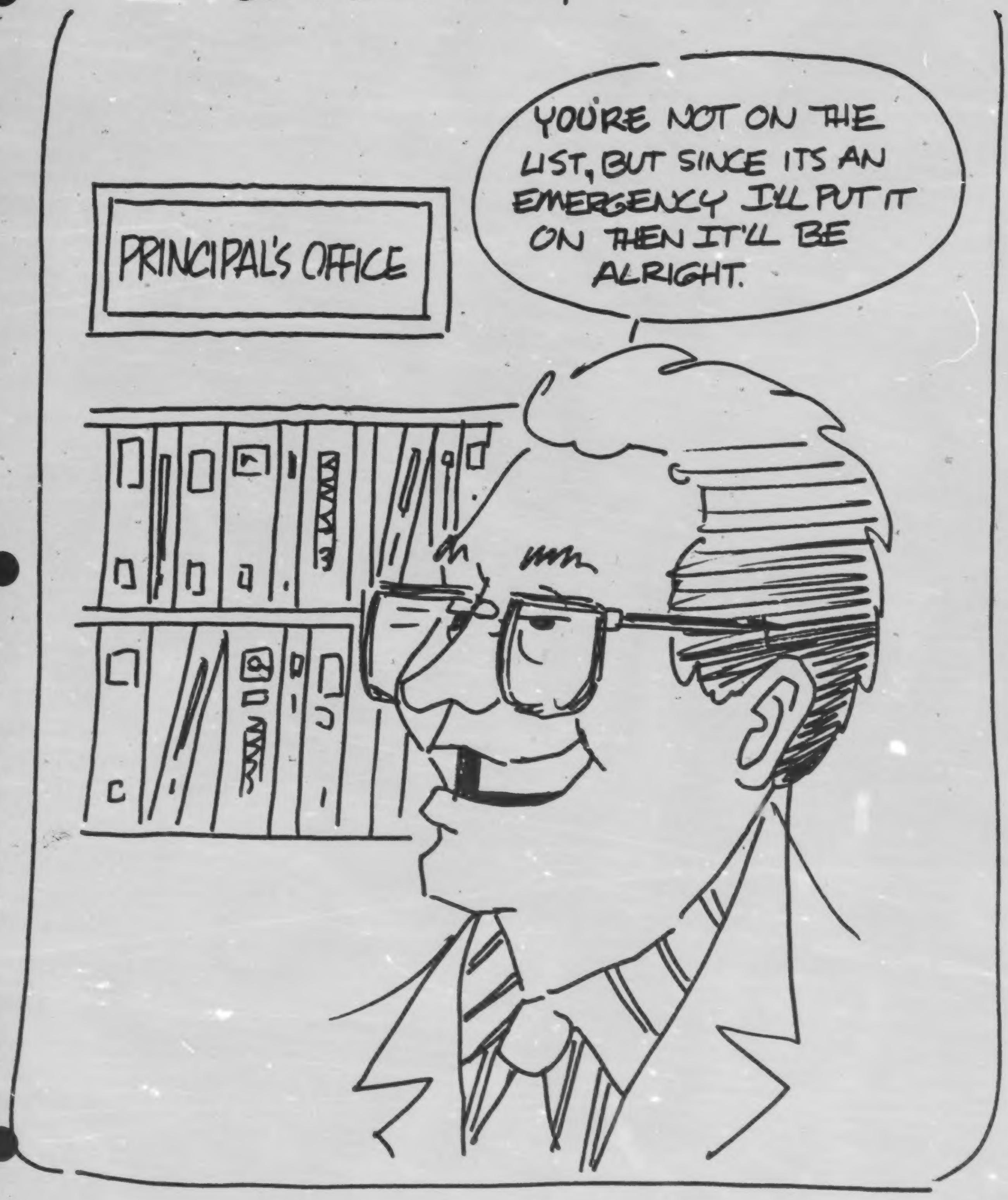
5.

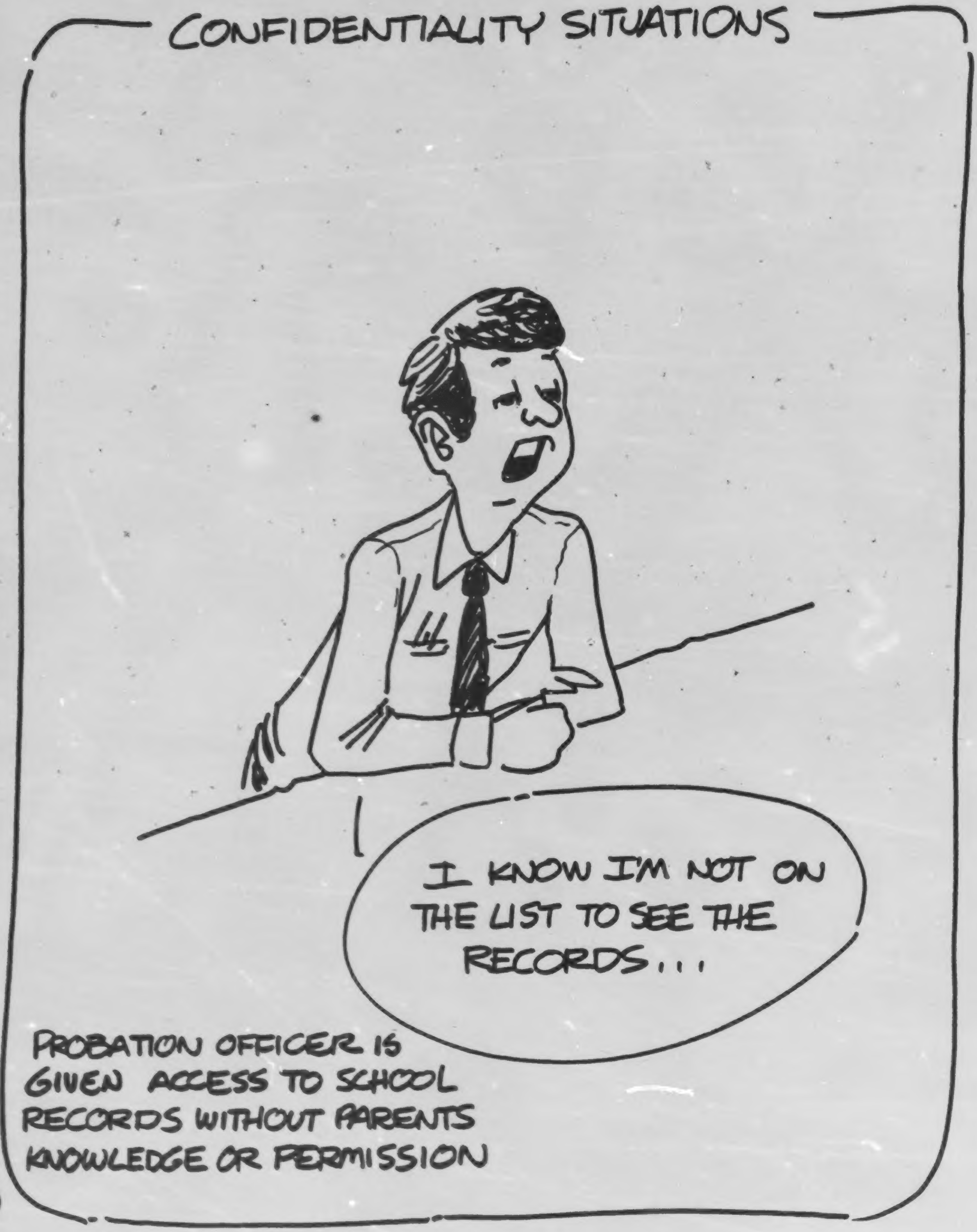
SYNOPSIS OF REQUIREMENTS

1. PARENTS' RIGHT OF ACCESS TO PUPIL RECORDS.
2. PARENTS' RIGHT TO CHALLENGE THE CONTENT OF PUPIL RECORDS.
3. PARENTS' RIGHT TO A HEARING AND TO CORRENT THE RECORD.
4. PUPIL RECORDS DEFINED.
5. SCHOOLS SHALL NOT RELEASE PUPIL RECORDS WITHOUT PARENT CONSENT.
6. RELEASE OF RECORDS TO EDUCATORS WITHIN THE DISTRICT.
7. ACCESS TO PUPIL RECORDS BY THIRD PARTIES.
8. MAINTAINING A RECORD OF ACCESS TO PUPIL RECORDS.
9. PARENTS' RIGHTS SHIFT TO PUPILS AT AGE 19.
10. DESTRUCTION OF RECORDS AFTER NO LONGER NEEDED.
11. SCHOOLS MUST PROVIDE TO PARENTS A LISTING OF DATA UPON REQUEST.

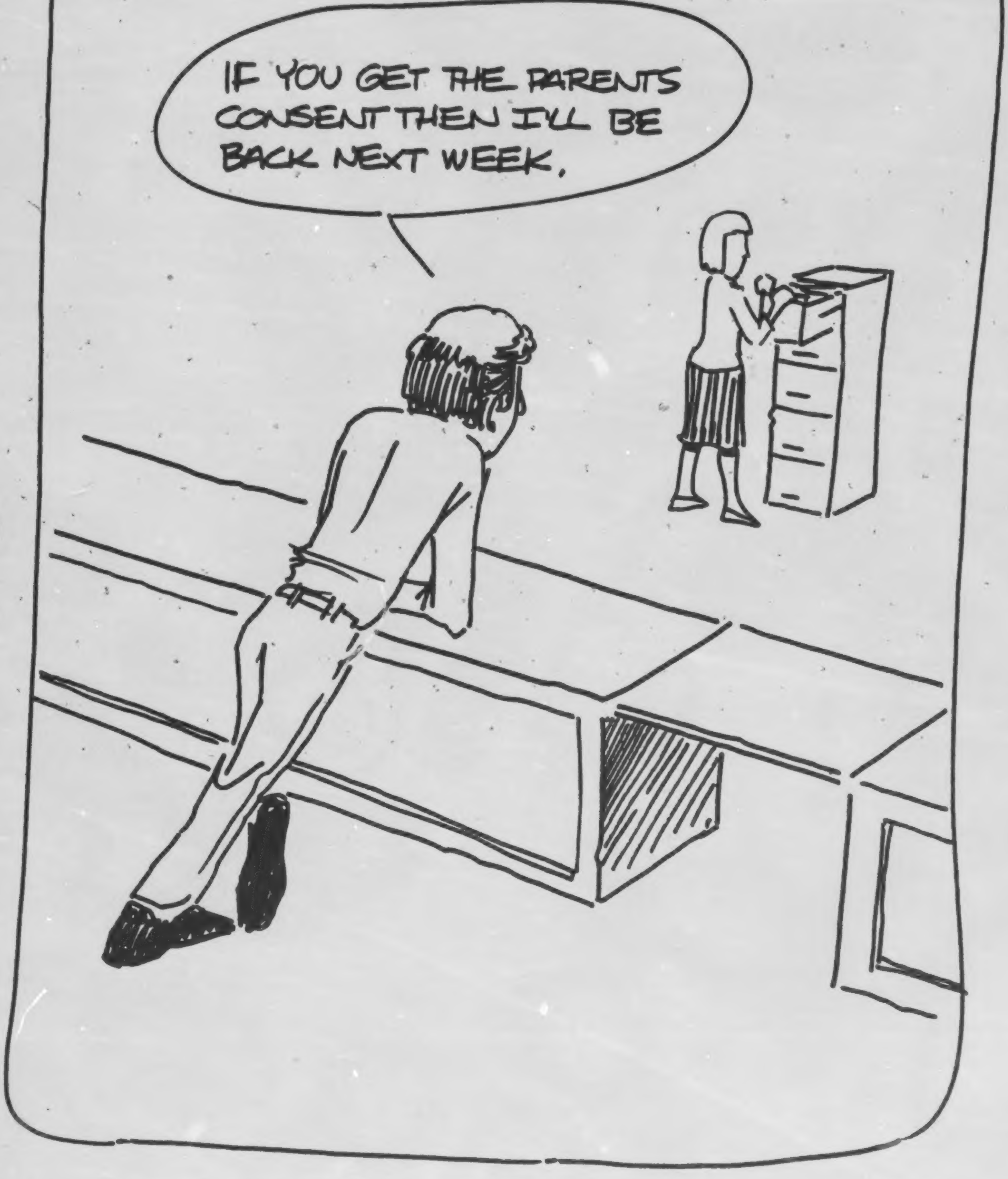

CONFIDENTIALITY SITUATIONS
I NEED TO SEE LITTLE BOBO'S HEALTH RECORDS TO SEE IF HE IS ALLERGIC TO PENICILLIN.
PRINCIPAL GIVES SCHOOL NURSE ACCESS TO RECORDS ALTHOUGH HER NAME IS NOT ON AUTHORIZED LIST.

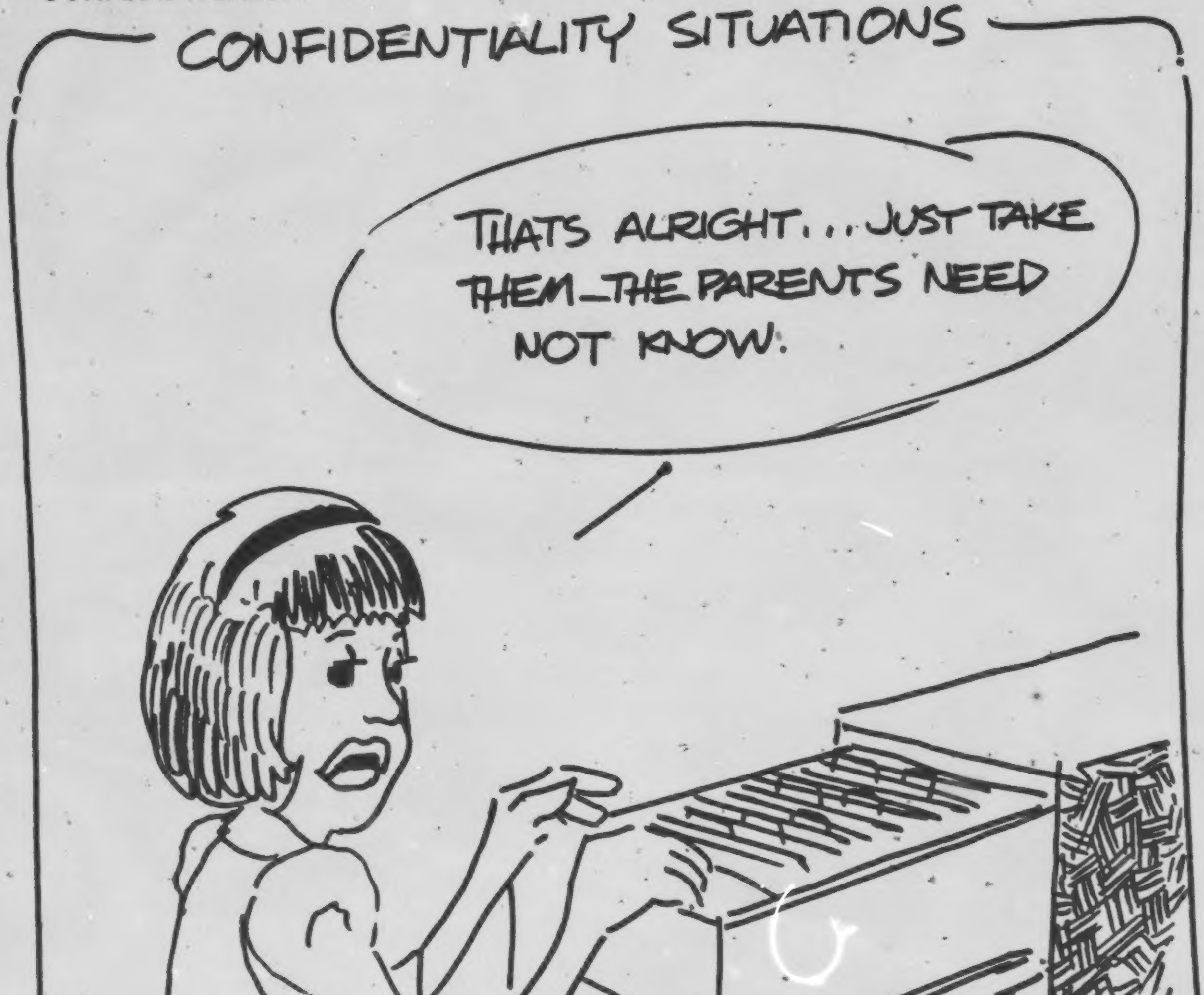
CONFIDENTIALITY SITUATIONS


PRINCIPAL'S OFFICE
YOU'RE NOT ON THE LIST, BUT SINCE ITS AN EMERGENCY I'LL PUT IT ON THEN IT'LL BE ALRIGHT.

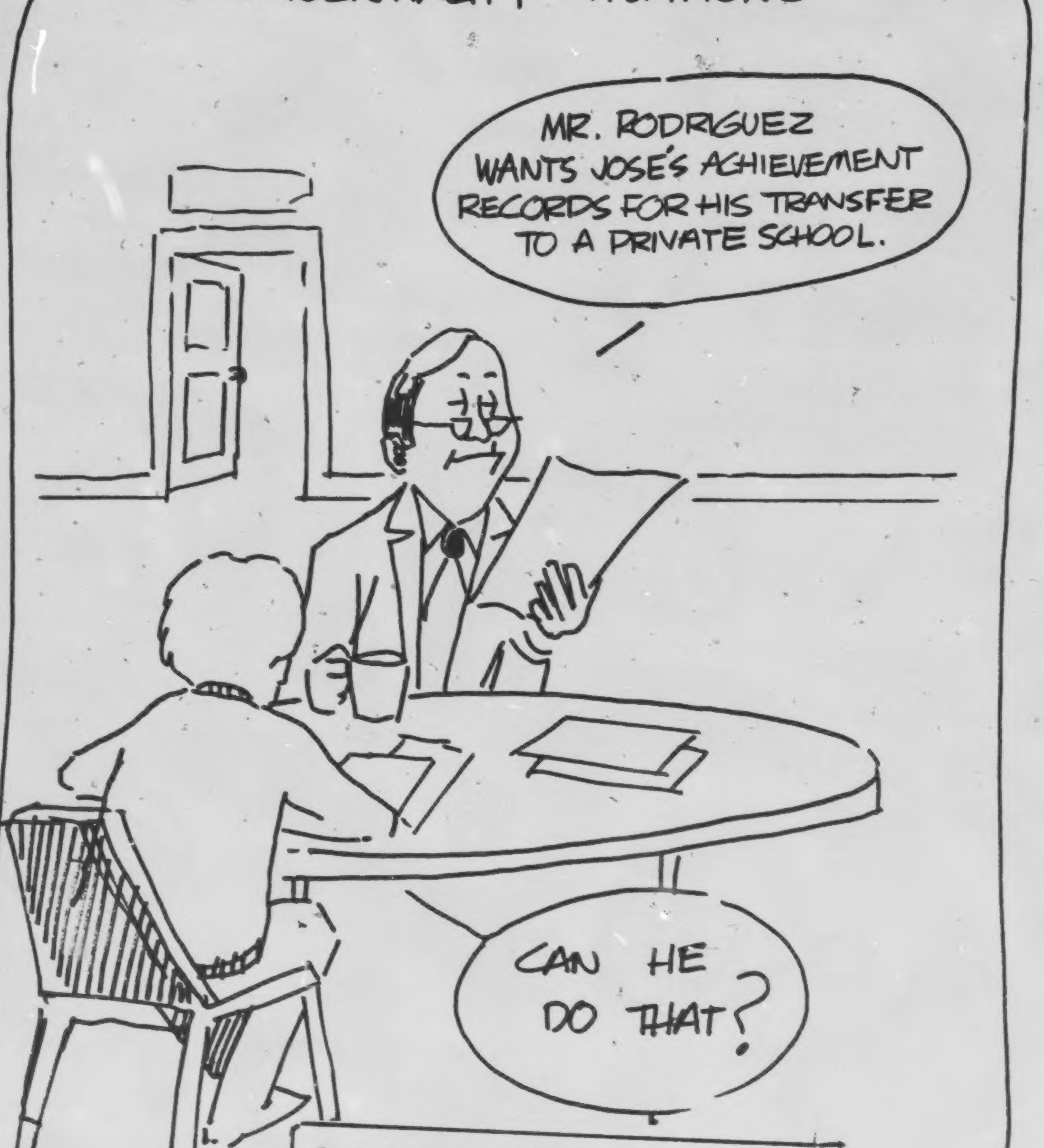

CONFIDENTIALITY SITUATIONS
I KNOW I'M NOT ON THE LIST TO SEE THE RECORDS...
PROBATION OFFICER IS GIVEN ACCESS TO SCHOOL RECORDS WITHOUT PARENTS KNOWLEDGE OR PERMISSION

CONFIDENTIALITY SITUATIONS


IF YOU GET THE PARENTS CONSENT THEN I'LL BE BACK NEXT WEEK.

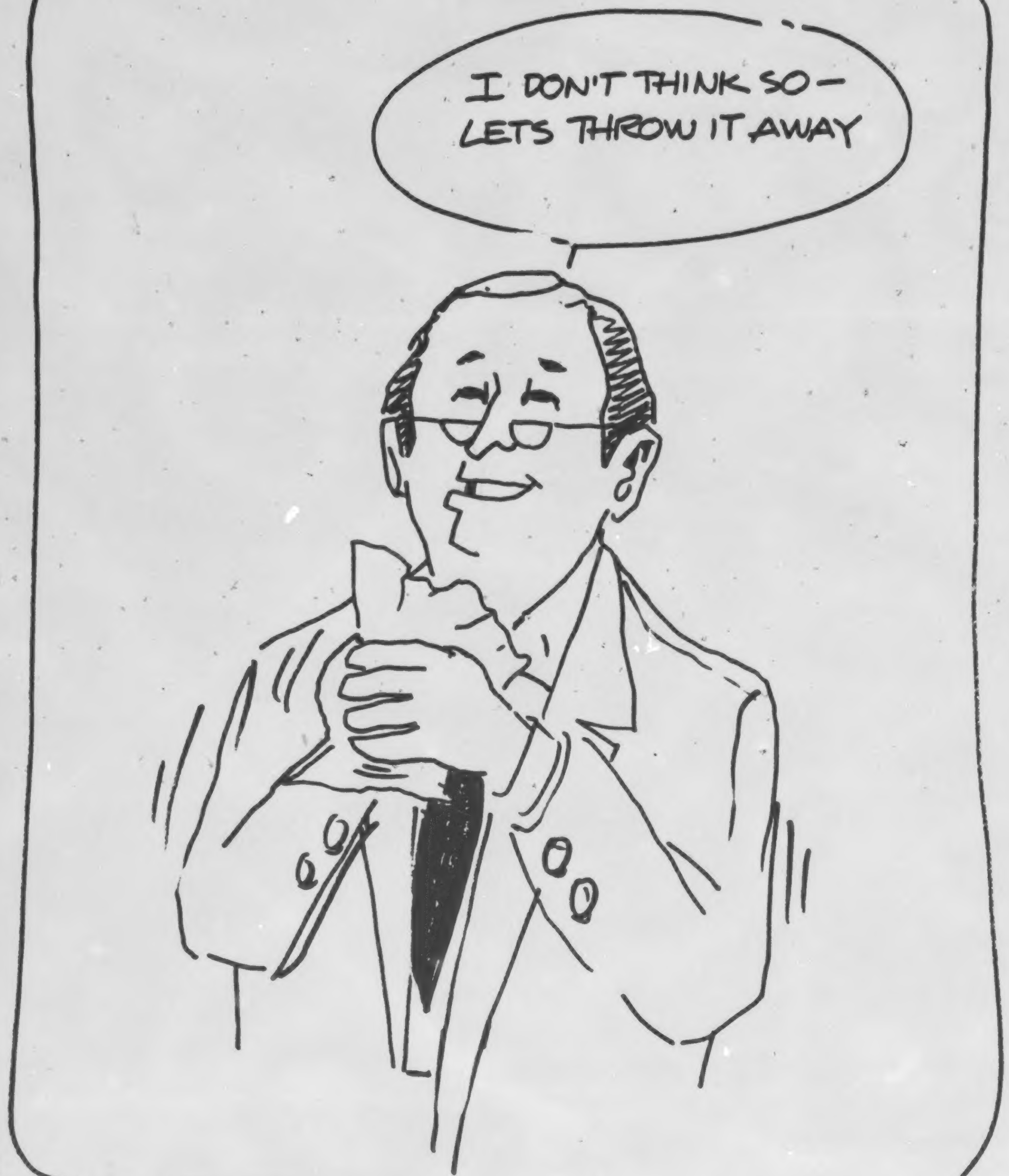

CONFIDENTIALITY SITUATIONS
THATS ALRIGHT... JUST TAKE THEM—THE PARENTS NEED NOT KNOW.

CONFIDENTIALITY SITUATIONS

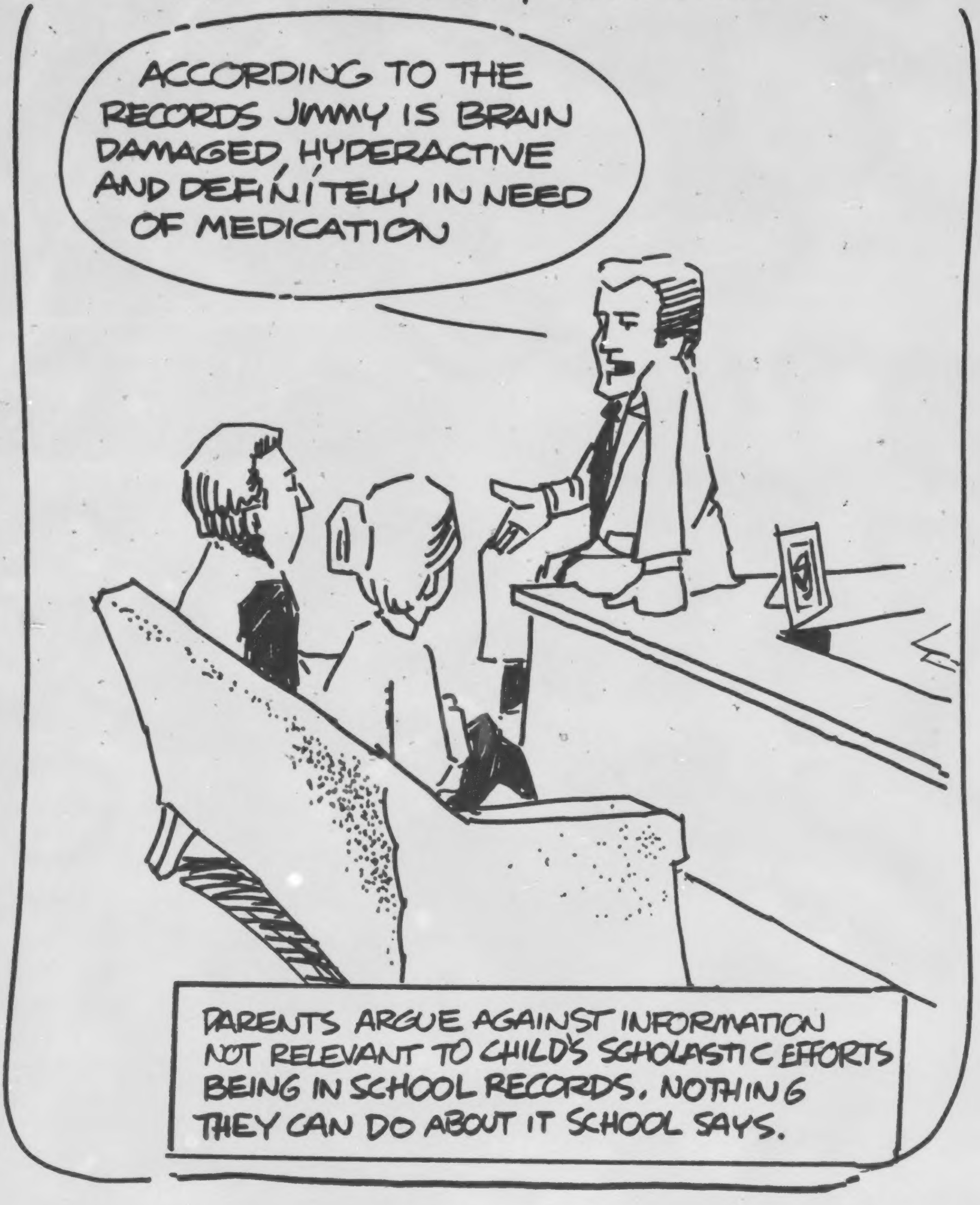

MR. RODRIGUEZ WANTS JOSE'S ACHIEVEMENT RECORDS FOR HIS TRANSFER TO A PRIVATE SCHOOL.
CAN HE DO THAT?

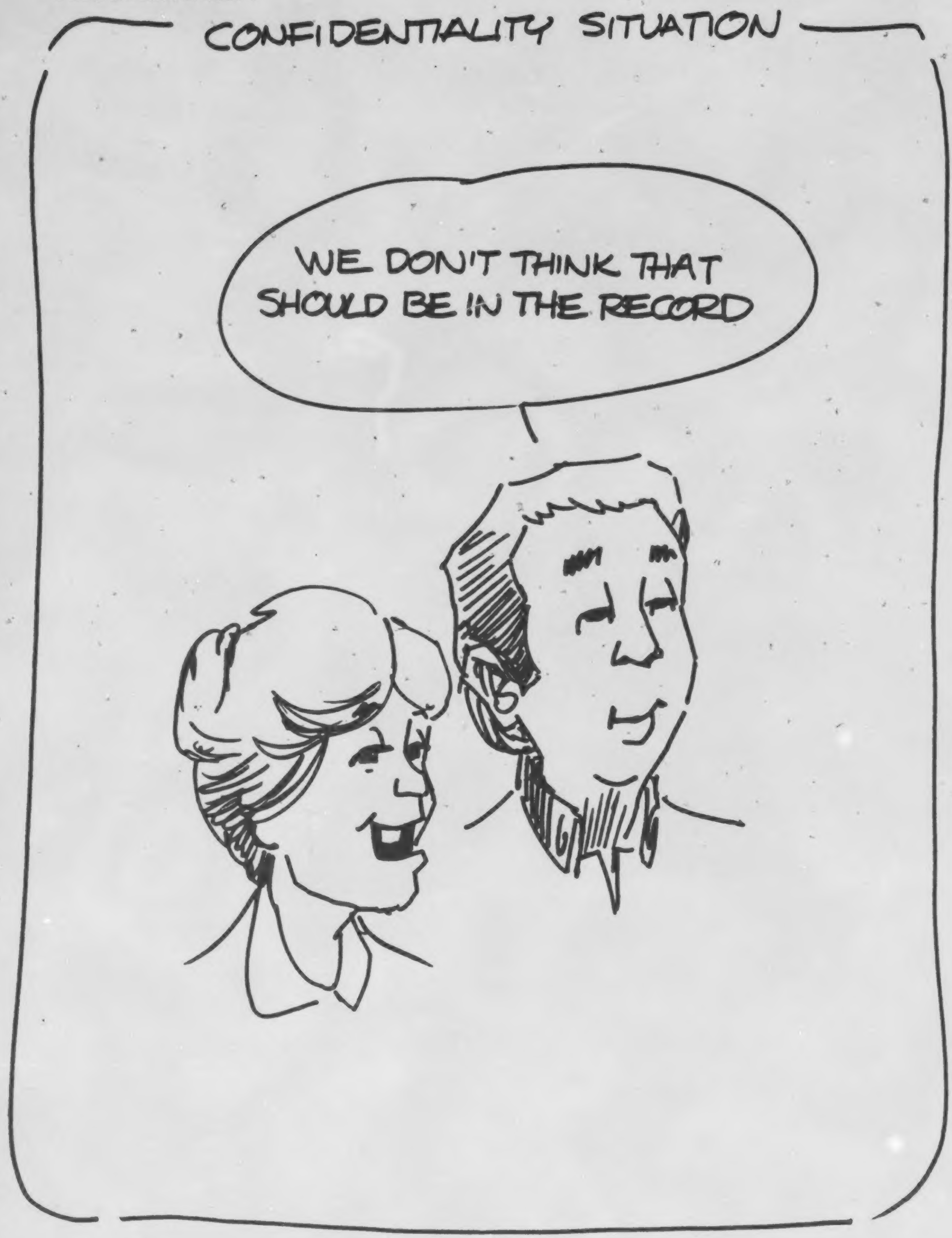
PARENTS REFUSED THE RIGHT TO VIEW THE RESULTS OF CHILD'S ACHIEVEMENT TEST.

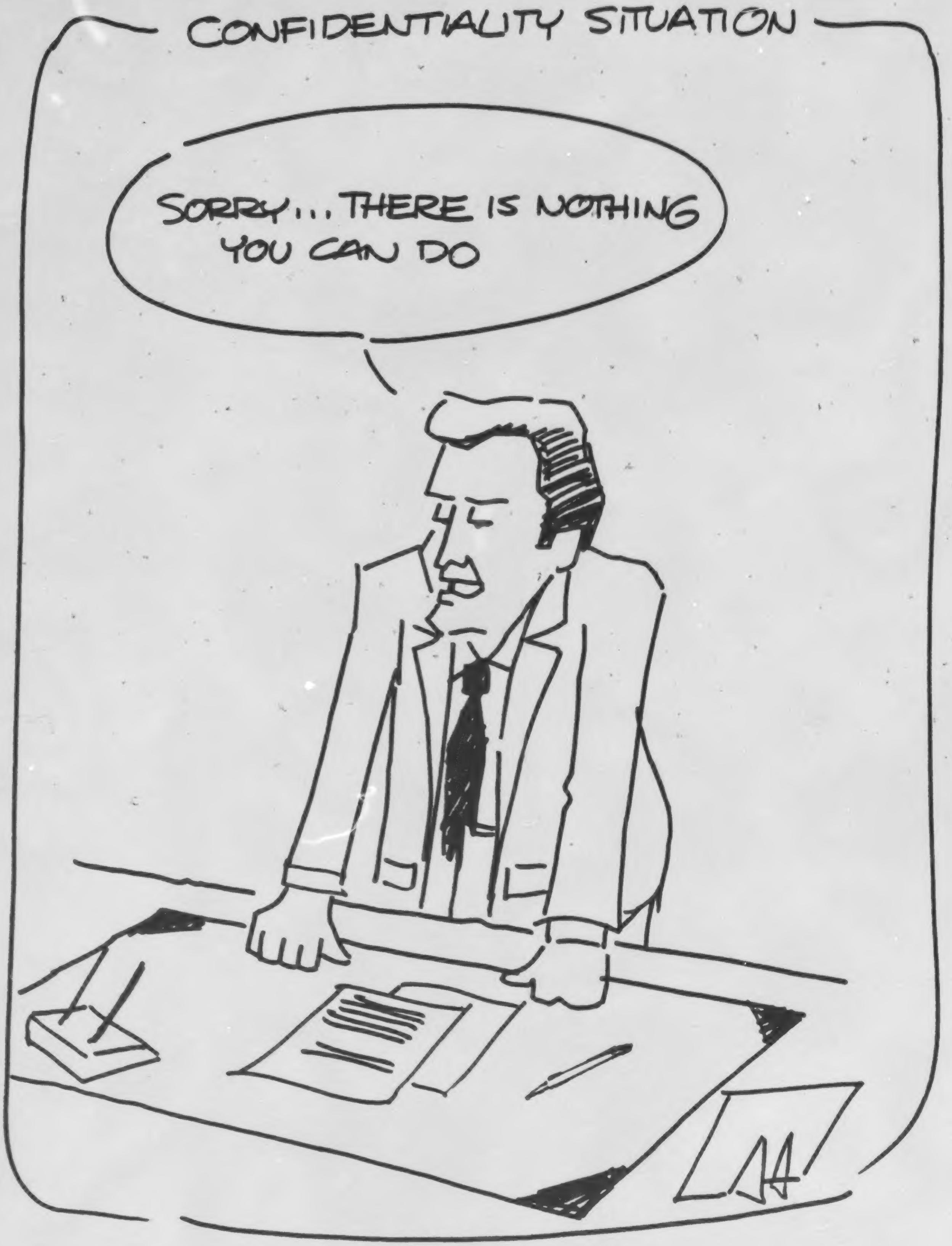
CONFIDENTIALITY SITUATIONS


I DON'T THINK SO -
LETS THROW IT AWAY

CONFIDENTIALITY SITUATION

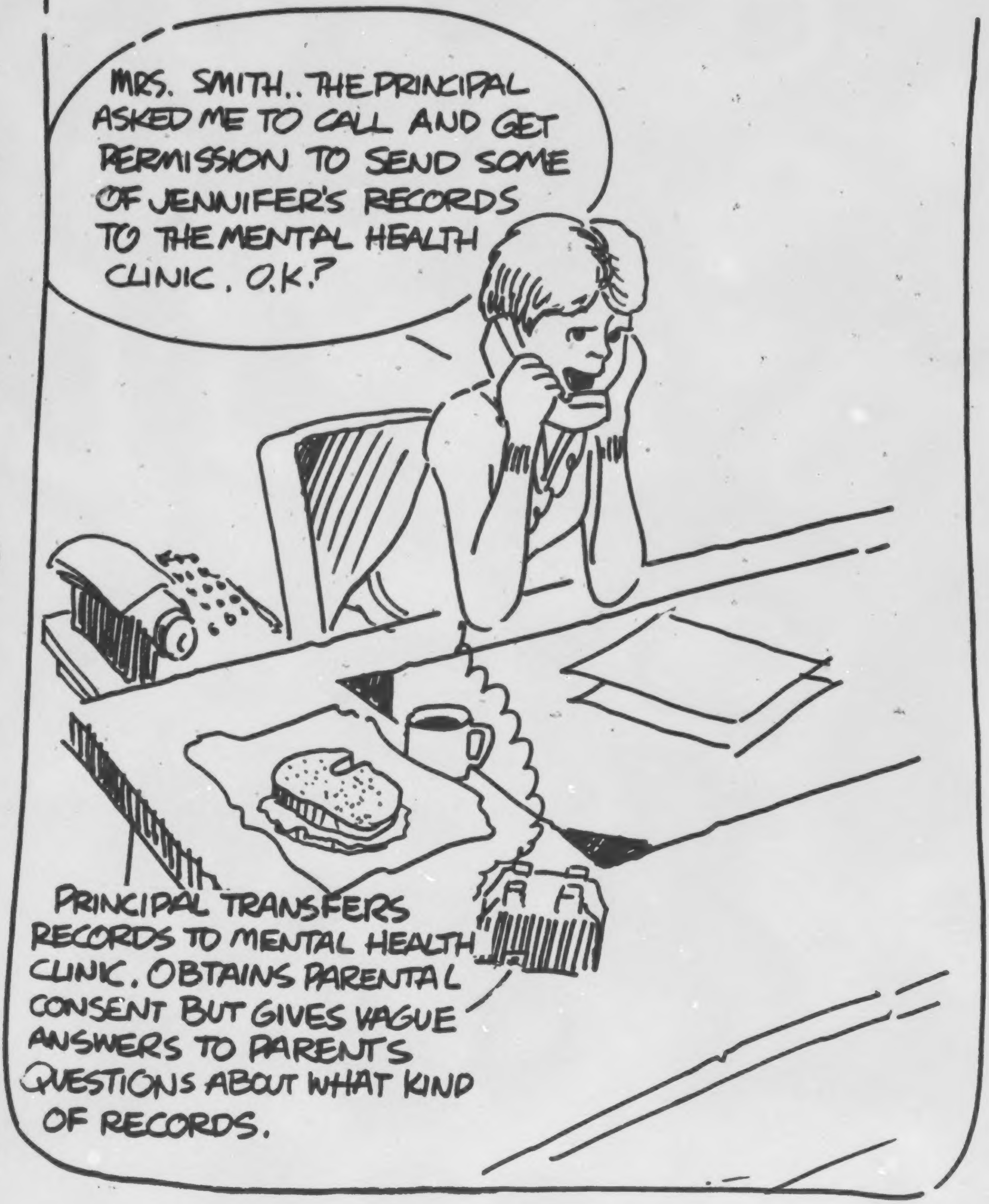

ACCORDING TO THE RECORDS JIMMY IS BRAIN DAMAGED, HYPERACTIVE AND DEFINITELY IN NEED OF MEDICATION
PARENTS ARGUE AGAINST INFORMATION NOT RELEVANT TO CHILD'S SCHOLASTIC EFFORTS BEING IN SCHOOL RECORDS. NOTHING THEY CAN DO ABOUT IT SCHOOL SAYS.


CONFIDENTIALITY SITUATION
WE DON'T THINK THAT SHOULD BE IN THE RECORD

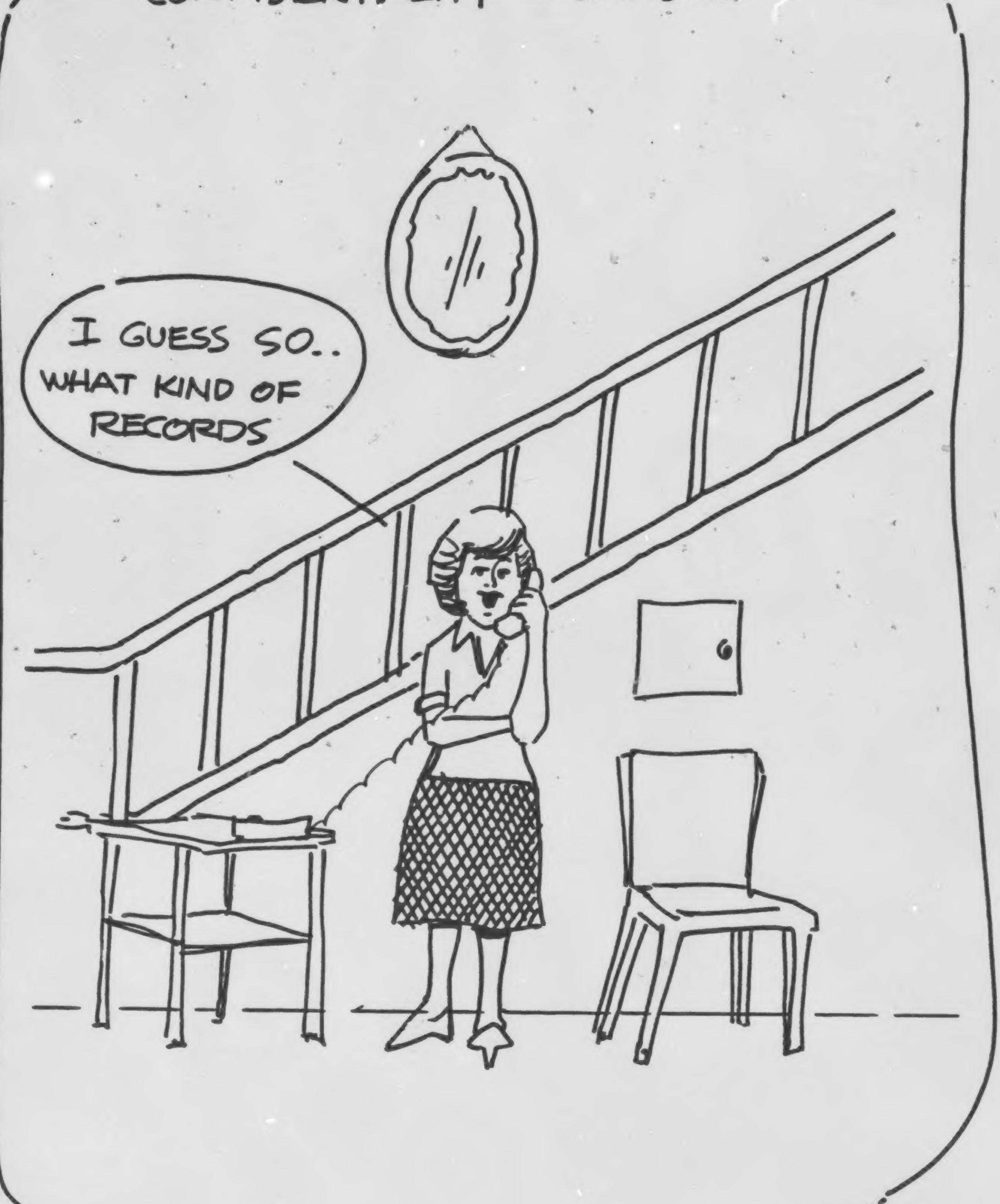

CONFIDENTIALITY SITUATION
SORRY... THERE IS NOTHING YOU CAN DO

T-6a

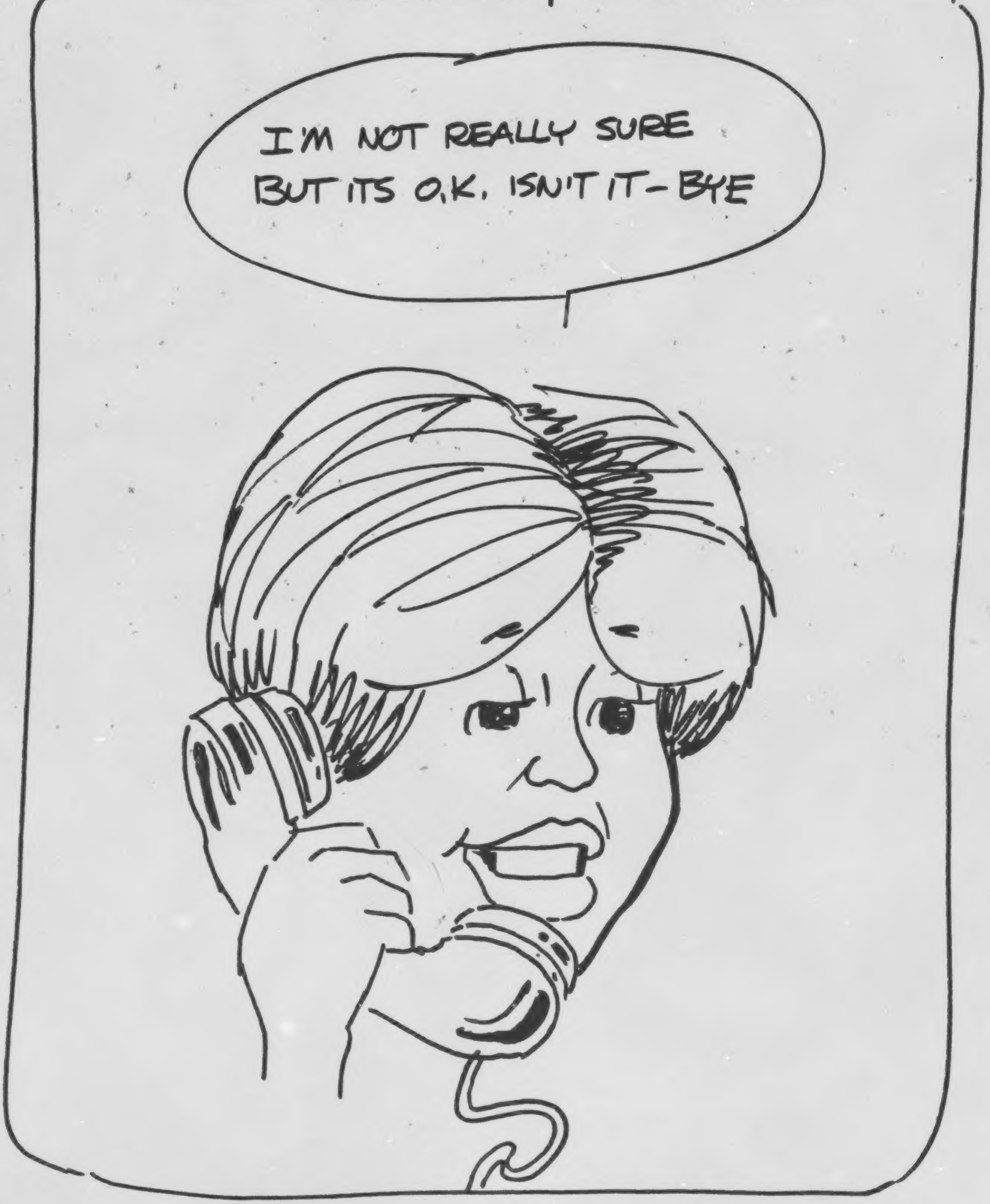
CONFIDENTIALITY SITUATIONS


MRS. SMITH.. THE PRINCIPAL ASKED ME TO CALL AND GET PERMISSION TO SEND SOME OF JENNIFER'S RECORDS TO THE MENTAL HEALTH CLINIC. O.K.?
PRINCIPAL TRANSFERS RECORDS TO MENTAL HEALTH CLINIC. OBTAINS PARENTAL CONSENT BUT GIVES VAGUE ANSWERS TO PARENTS QUESTIONS ABOUT WHAT KIND OF RECORDS.

CONFIDENTIALITY SITUATIONS


I GUESS SO..
WHAT KIND OF
RECORDS

CONFIDENTIALITY SITUATIONS



I'M NOT REALLY SURE
BUT ITS O.K. ISN'T IT - BYE

SCREENING:

ISSUES IN SCREENING

HANDOUT I

ISSUES IN SCREENING

I. What is screening?

II. Why screen?

III. Who is responsible for screening?

IV. Who should be screened?

V. What areas should be included in a screening program?

VI. Who does the screening?

VII. What procedures can be used in screening?

VIII. What do district personnel need to know about the screening procedure?

IX. What procedure could be used to coordinate the screening effort?

X. How should screening results be used?

XI. How can a screening procedure be implemented?

XII. What records should be kept after screening?

HANDOUT 2

Steps to be followed in implementing a district screening program

1. Determine responsibility for coordination and implementation of the screening program.
2. Determine the population to be screened.
3. Determine areas to be screened (e.g., academic, behavior, etc.).
4. Select instruments and procedures to be used in the screening process.
5. Assign staff to implement the screening program.
6. Conduct training of staff in procedures for implementing the screening program.
7. To screen students in the academic or behavioral area utilize one of these two approaches:
    A. Group testing with record review
        1. Conduct group testing of all students to be screened.
        2. Prepare a roster of students whose scores fall into the bottom 25th percentile or whose grade equivalents lag behind expected grade placement.
        3. Review the records of these students to determine if the problem has existed previously or has been present over a long period of time.
        4. Refer students for assessment whose records confirm the previous presence of a problem as indicated in screening.
        5. Refer those students for assessment whose records did not confirm the previous presence of a problem but whose scores fall in the bottom 10th percentile or whose grade lag is more severe than has been suggested.

6. Inform parents of concern and complete a written referral for evaluation services.

B. Checklists, rating scales or observation with record review
   1. Identify students whom teachers observe to be functioning inadequately in the academic or behavioral area.
   2. Complete a checklist or rating scale for those students.
   3. Establish criteria to determine which students should be referred for assessment.
   4. Review the records for additional information.
   5. Inform parents of concern and complete a written referral for evaluation services.

For screening in areas such as vision, hearing, physical, or speech and language, the following procedures could be used:

A. For districts which have specialized support personnel (e.g., nurse, speech language pathologist, public health consultants, audiologists, etc.) the following procedure is suggested:
   1. Consult with appropriate personnel to determine procedures for screening and criteria for identifying students needing further screening.
      Public health consultants can provide information on the screening procedures recommended by the National Society for the Prevention of Blindness. See handout 2 for overview of procedures.
      The state department has an overview of screening procedures for assessment of hearing. Refer to handout 3 for more information.

2. Conduct screening of all students in groups which have been selected.
3. Refer students identified as needing further screening for rechecking with the same or additional screening procedures. (While the initial screening might be done by parent or paraprofessional, the recheck should be done by a specialist in the specific area.)
4. For those students who still appear to have problems following the recheck, refer them for medical or other appropriate evaluation (e.g., community public health program, family physician, speech hearing clinic or speech language pathologist).

B. For districts which lack available specialized support personnel the following procedure is recommended:

1. Appoint a staff member to conduct orientation for district personnel on behaviors which indicate vision, hearing or motor problems. (These behavioral indicators will be presented in component 2.2, behavioral indicators of potential problems.)
2. Routinely observe students in classroom or other settings (e.g., playground).
3. Refer for more indepth screening students who demonstrate difficuluties.

9. Record date, type, and results of screening in cumulative files. For those children referred for assessment, forward checklists and other screening instruments to the multidisciplinary assessment team.

HANDOUT 3

VISION SCREENING OF CHILDREN

A Statement of Principles Established by the
National Society for the Prevention of Blindness, Inc.

These principles have been approved by the National Society's Committee on Eye Health of Children

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A complete, competent, professional eye examination for every child before entering school and at stated strategic intervals during school life is the ideal goal. Until this goal is attained, vision screening programs during the preschool and school years are necessary to identify children who may be in need of eye care, so they can be directed toward adequate professional attention. Statistical studies show that 25% of children of school age may have some eye difficulty which may require professional care. If a student has poor vision, and this fact is not known, the difficulty may affect his learning abilities and entire adjustment in school.

As an integral part of the overall school health program, the well-rounded eye health program itself has three basic elements -- direct health services, education of both parents and children and provision of a healthful environment. The total program includes vision screening and followup, instruction in vision, eye health and safety, carefully planned policies in prevention of eye accidents, a comfortable healthful visual enviornment in which lighting is adequate in quantity and quality, medically approved first aid procedures and special educational facilities and teaching services for children who have limited vision.

The eyes have been called the most delicate reflectors of the health status. Whatever adversely affects a child's general health may affect his eyes. Advantage should be taken of vision screening in teaching eye health. When screening is related to classroom activities it becomes more meaningful for both children and parents and results in better followup.

SCREENING IS NOT DIAGNOSTIC

Vision screening in schools should not be considered diagnostic. Only certain visual skills are tested. Careful observation by both the teacher and tester is necessary in order to detect symptoms of eye trouble. If the student's visual ability is not in a "passing" range of established criteria or if the child shows certain symptoms, the need for a professional eye examination is indicated and he is then referred. Screening will not locate very child who needs eye care, nor will every child so referred need glasses or treatment. Screening as the term implies, only sorts out most of those children who may have eye problems.

BASIC MINIMUM PROCEDURE

The National Society for the Prevention of Blindness suggests that the ideal in lieu of a professional eye examination would be an annual test for distance visual acuity. Recognizing the problems of manpower shortage and followup the National Society recommends as a basic minimum, a careful screening for distance visual acuity using the linear method (exposing a total line of symbols) according to the following plan:

1. Kindergarten or first grade (5-6 years): use of the Snellen E symbol chart.
2. Second grade (7 years), fifth grade (10-11 years), eighth grade (13 years) tenth or eleventh grade (15017 years) and prior to driver education, use of lines of letters except where there is difficulty identifying letters.
3. All new registrants and teacher referrals.
4. All children who exhibit change in behavior or learning disability.
5. All individuals under care should be retested regularly to encourage continuity of appropriate treatment.

With such a plan, there is greater opportunity to ensure as complete a followup as possible on all referrals. Continuous observation by the teacher and tester for symptoms related to eye problems should be correlated with the screening procedure regardless of meth od used. For example, if a child persistently exhibits signs or makes complaints in the classroom that may indicate eye trouble he should have a professional eye examination even though his screening tests show no deviation from accepted limits. Periodic nurse-teacher conferences are desirable for an exchange of information pertinent to the health of the child.

Before referral for followup care it is valuable for the school nurse to secure a brief but adequate history, including such information as familial or hereditary eye disease, prenatal maternal disease, premature birth or a history of injury to an eye by illness or accident.

Authorities agree that a careful, painstaking test for central distance visual acuity is the most important single test of visual ability. This identifies more children who require eye care than any other single test. Under proper conditions of illumination it tests the individual's ability to perceive form at 20 feet. This distance represents infinity because light rays are almost parallel as they enter the eye from 20 feet or further away. Form sense, or the ability to perceive the shape of objects, has been called the essence of vision.

When a 20-foot student-to-chart distance cannot be obtained, a chart drawn to scale for use at 10 feet is approved. It is possible to use the 20-foot chart at 10 feet by installing an optically correct mirror at approximately 10 feet facing the chart. The total distance from chart to mirror to child should equal 20 feet, i.e., 12 feet chart to mirror, 8 feet mirror to child.

The combination of teacher and tester observation and the Snellen test has been found in several research studies to have a high correlation with clinical findings by ophthalmologists. This procedure is inexpensive, requires little time per student, and is easy to administer.

Screening with isolated test symbols is recommended for use with preschool age children. In kindergarten screening the exposure of an entire line of symbols (the linear method) is recommended. The vision of children with amblyopia may be better when letters are presented singly to the eye than when presented in a series. This is because a "crowding" effect" results when more than one letter is viewed.

In order that the child's best possible vision is on record for future reference, all children should be tested to the 20/20 line if possible, regardless of the line established as the visual acuity criterion for his age.

Practical criteria for referral when using the Snellen test (either isolated symbol or linear method) are as follows:

1. Kindergarten through third grade: Vision of 20/40 or less. The designation 20/40 or less indicates the inability to identify accurately the majority of letters of symbols on the 30-foot line of the test chart at the distance of 20 feet.

2. Fourth grade and above: Vision of 20/30 or less. This means the inability to identify the majority of letters or symbols on the 20-foot line of the chart.

3. All grades: A one-line difference between the two eyes within passing criteria, using the isolated symbols method of testing.[**]

It is recommended that the vision of children who wear glasses be tested both without and with glasses. In the followup for these children determination of the need for a referral should be based on visual acuity without and with glasses, the date of the last correction, the date of the next examination, and observations of parent, teacher and tester. Sometimes, contact lenses are worn in the later adolescent years; they are rarely indicated for younger students. If contact lenses are worn, this fact should be noted on the vision record.

It is particularly important that ophthalmologists be consulted in relation to medical aspects of the program. In areas where there are no ophthalmologists it is desirable that the state departments of health and education and the county medical society be consulted.

All children who have reading difficulties or other learning problems (among then dyslexia) who experience scholastic failure, who are suspected of being mentally retarded, or who have medical problems such as cerebral palsy or diabetes should have a thorough, professional eye examination included in their physical, mental and emotional evaluations.

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[*] *These basic tests and criteria for referral may be affected by local conditions such as availability of care or economics. Inasmuch as there are differences of opinion also as to which tests should be used in a school screening program, the decision as to method and criteria for referral should be established locally, utilizing the best knowledge, experience and judgment of the school administrator, school physician, school nurse, health educator, and the eye care practitioners who might examine the referred children.*

[**] *If a lower visual acuity criterion for referral is adopted (i.e., vision of 20/50 or less) and the linear method used, then a two-line difference between the two eyes within the passing range should be reason for referral.*

These conditions call for a multidiscipline approach, including, in many instances, ophthalmological, neurological, otolaryngological, pediatric, psychological, educational consultations and speech pathology.

No vision screening procedure regardless of how complicated or extensive can be a substitute for a complete professional eye examination.

ADDITIONAL TESTS

Other tests such as the following may be added to this basic minimum procedure if the School Eye Health Committee believes it is advisable.

Plus Lens Test for Hyperopia: To determine whether there is a possibility of latent hyperopia, the student's vision is checked while he is wearing a pair of convex or plus lenses. The lenses (mounted in an inexpensive plastic or metal frame) should be a plus 2.25 diopter strength* for the first three grades and a plus 1.75 for the fourth grade and above. The ability to see the 20-foot line at 20 feet from the chart with both eyes while wearing these lenses represents need for referral. It assumes that the child probably has as much, or more, hyperopia as represented by the lens.

It is sometimes urged that a visual acuity near-point test with cards held at 14 or 16 inches from the eyes be included in school vision screening procedures because so much reading at this distance is necessary in school. However, many authorities agree that the plus lens test for hyperopia is a more reliable indication of the student's ability to accomodate for near-vision tasks. The reason for this is that most children have such a high reserve of accomodative ability that even those with a marked hyperopia may be able to focus on a near-vision test card for the few minutes that the test requires.

If a test for hyperopia is considered, the National Society recommends the plus lens central distance vision test. The near-vision test with cards held at 14 or 16 inches is not recommended as a routine procedure.

Muscle Balance: In testing muscle balance, or the ability of the two eyes to work together, instruments or devices are used which cause fusion to be dissociated or frustrated, and thereby reveal imbalance. Fusion may be dissociated either with a type of lens known as a Maddox rod, by use of a stereoscope in some form, or by use of color. The object is to present a different immage to each eye at the same time. A measurement of the relationship of the two immages as seen by the child can be estimated. This measurement is commonly made not only for a distant object but also for a near object. All such measurements are made with the eyes looking straight ahead. The unit of measurement in this test is a prism diopter or the amount of deviation of light by an ophthalmic prism. The usual criteria for referral for the muscle balance test for outward lateral deviation (exophoria or exotropia) are (1) more than four prism diopters for a 20 foot distance and (2) eight prism diopters for a near object.

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* *A lens that focuses or brings together rays of light at a point one meter away is called a one diopter lens. If it focuses the rays of light at a point half a meter away it is known as a two diopter lens, etc.*

SUMMARY OF RECOMMENDATIONS

In summary, the National Society recommends as an ideal procedure for all school children annual testing for distance visual acuity, using the Snellen chart combined with careful teacher and tester observation for signs of eye problems. If the school is to accomplish desirable goals toward improving and maintaining visual acuity for each child there should be intensive followup to insure that those referred actually receive professional eye examinations. That, specifically, is the goal of screening.

The National Society for the Prevention of Blindness suggests that state and local health departments and departments of education be contacted in regard to their recommendations. The Society makes available to schools, upon request, consultant services and educational materials on eye health of children, including films.

REFERENCES

1. The National Medical Foundation for Eye Care; Identification of School Children Requiring Eye Care. A Report to Educators and Physicians. New York: The National Medical Foundation for Eye Care, 1959, p. 14, (now American Association of Ophthalmology, Washington, D.C. 20036).

2. Duke-Elder, W.S.: Textbook of Ophthalmology, St. Louis: C.V. Mosby Company, 1934, p. 918.

3. Foote, F.M. and Crane, M.M.: An evaluation of vision screening, Exceptional Child, 20:153-161, 180 (1954)

4. Benton, O.D.: An evaluation of methods in school vision screening, J. Florida Med. Ass., 42:645-650 (1956).

5. Shaffer, T.E.: Study of vision testing procedures, Amer. J. Public Health, 32:1141 (1948).

6. Morgan, A.L., Crawford, J.S., Pashby, T.J., et al: A survey of methods used to reveal eye defects in school children, Trans Canadian Ophthal. Soc. p. 125 (1951).

7. Institute for Development of Educational Activities, Inc. The Role of the Ophthalmologist in Dyslexia. New York: National Society for the Prevention of Blindness, 1969.

8. Sloane, A.E. Massachusetts vision test: An improved method of testing eyes of school children, Arch Ophthal, 24:924-939 (1940).

9. American Public Health Association, Inc. and the National Society for the Prevention of Blindness: Services for Children with Eye Problems - A Guide for Public Health Personnel. Washington, D.C.: American Public Health Association, Inc., 1967.

10. Patz, A. and Hoover, R.: Protection of Vision of Children, Springfield, Ill., Charles C. Thomas, 1969.

ADDITIONAL REFERENCES

1. Doster, M.E.: Vision screening in schools - why, what, how and when, Clin. Ped., 10:662-665 (1971).

2. Lippmann, O.: Eye Screening, Arch Ophthal 68:692-702 (1962).

State Department of Education
Program Services for the
Hearing Impaired 10/78

HANDOUT 4

THREEFOLD SCREENING PROCEDURES

A. Otoscopic Screening

(1) Purpose - It is critical that this aspect of the screening program not be considered a medical otoscopic "examination" or determination of the presence or absence of ear disease. Rather, the purpose is simply to visualize the external auditory canal in preparation for insertion of the immitance probe.

(2) Instrumentation - A standard otoscope is employed in this procedure and it is recommended that, for convenience, disposable plastic specula be used.

(3) Pass-fail criteria - Any ear which is found to have an obstruction of wax or other debris should be failed, and the child should be referred immediately to a physician for removal of the obstruction. Pure-tone and immittance procedures should not be accomplished until the ear canal is sufficiently clean to allow for further testing.

B. Limited Frequency Pure-Tone Screening

(1) Purpose - The goal of this procedure is to identify those children who have "significant" deficits in hearing acuity or sensitivity. It is not particularly effective in isolating children with middle ear disorders (Melnick, et al, 1964; Downs et al, 1965; Brooks, 1969). Nevertheless, an abbreviated pure-tone screening procedure is retained in the identification process because it is effective in detecting sensorineural hearing losses and those few conductive hearing disorders which have resulted in moderate or greater hearing deficits. The recommended pure-tones and screening intensities are: 20 dB HL (re; ANSI) at the frequencies of 1000Hz and 2000 Hz, and 25 dB HL at 4000 Hz.

(2) Instrumentation and calibration - Audiometers used for screening should meet the ANSI s3.6 - 1969 requirements for either a limited-range or narrow-range audiometer. Audiometric calibration to ANSI s3.6 - 1969 specifications should occur regularly, at least once every year. Additionally, a daily listening check should be performed to determine that the audiometer is grossly in calibration and that no defects exist in major components.

The use of large sound-attenuating circumaural earphone assemblies (e.g., auraldones and otocups) is not recommended. Standard TDH39 earphones with MX-41/AR cushions are preferred in this procedure.

(3) Pass-fail criteria - Failure to respond at the recommended screening levels at any frequency in either ear shall constitute failure of the pure-tone procedure.

C. Immittance Screening

(1) Purpose - Middle ear disease is the most common auditory disorder found in school-age children (Wehrs and Proud, 1958; Howie, 1975). Additionally, numerous studies support the belief that persistent middle ear disease can lead not only to medical complications (Bernstein, 1977; Lithicum, 1977; Mawson, 1977), but also to significant hearing impairments (Friedmann, 1970; Mawson, 1977) and educational barriers (Holm and Kunze, 1969; Ling et al., 1969; Menyuk, 1969; Kaplan et al., 1973; and Brooks, 1978). Immittance screening measurements are used for the identification of middle ear abnormalities. The recommended procedure involves the evaluation of the middle ear status using both tympanometry and acoustic reflex measurements.

(2) Instrumentation - Acoustic immittance screening instruments should have as a minimum the capability for tympanometry and for monitoring an acoustic reflex at a specified intensity level. There are a number of immittance devices available which are combined with a pure-tone air conduction audiometer and which allow the convenience of accomplishing both pure-tone screening and immittance screening in a single instrumentational entity.

(3) Pass-fail criteria - Individuals demonstrating middle ear pressures within the normal range (+50mm H_2O) or mildly positive/negative (+50 to +100mm H_2O to -200mm H_2O) and presence of an acoustic reflex to a 1000 Hz probe tone at 100 dB HL for contralateral or 105 dB SPL for ipsilateral stimulation, pass the immittance screening. Individuals demonstrating middle ear pressures outside these ranges and who have an absent acoustic reflex, fail the screening procedure.

D. Rescreening

Children who fail to meet passing criteria, as outlined above, should be rescreening within a 3-5 week period using the same procedures. Wilson and Walton (1974) reported a 52% reduction in failures by rescreening. The rescreening procedure, therefore, is felt to be an essential component for improving the efficiency of an identification program.

E. Population to be Screened

The threefold identification procedure should be administered annually to children of kindergarten age through grade three, and to children of any higher grade who are high-risk or are known to have a history of middle ear problems. Some school systems may elect to screen routinely after grade three at 3-4 year intervals; however, it is recommended that these children be screened using only the limited-frequency pure-tone procedure.

F. Followup Audiometric Testing

Failures on the rescreening should be referred to an audiologist for audiologic evaluation. Some children will fail both the screening and rescreening procedures and then yield normal thresholds on an audiometric evaluation. Therefore, a hearing impairment should not be considered identified until after receiving a complete audiometric evaluation. The audiometric testing should consist of the following routine battery: pure-tone thresholds, both air and bone conduction, using masking procedures when appropriate; speech audiometry to include speech reception thresholds and speech discrimination abilities; diagnostic immitance measurements employing in-depth tympanometric functions and acoustic reflex thresholds.

Other special audiometric tests may be used by the audiologist at his/her discretion depending on the individual needs of the child and the specific auditory problem.

HANDOUT 5

Screening Checklist

The following checklist is provided to assist districts plan and implement a screening procedure. It can also be used to pinpoint strengths and weaknesses in screening procedures currently in operation.

	Yes	No
1. Does one person have responsibility for coordinating the district's screening procedure?	___	___
2. Are other district personnel assigned responsibility for implementing the screening procedure?	___	___
3. Does screening procedure apply to:		
all students currently enrolled?	___	___
all transfer students?	___	___
all children entering school for the first time?	___	___
any child observed as having potential special needs?	___	___
children previously referred but not currently being served?	___	___
4. Is screening available for all students:		
between the ages of 3-5?	___	___
elementary	___	___
junior and senior high?	___	___
5. Does the screening procedure cover these areas?		
communication	___	___
speech	___	___
language	___	___
physical abilities	___	___
physical defects	___	___
general health	___	___
fine/gross motor coordination	___	___
visual and auditory acuity	___	___

	Yes	No
behavior/relationships with self and others	___	___
classroom	___	___
school environment	___	___
home and community	___	___
academic	___	___
reading (oral/silent; comprehension, word recognition)	___	___
writing	___	___
spelling	___	___
mathematics	___	___
6. Are multiple procedures used in the screening process?	___	___
group testing with record review checklists, rating scales or observation with record review	___	___
other	___	___
7. Have district personnel received inservice regarding the screening process	___	___
8. Is the screening effort coordinated with other community or district activities?	___	___
9. Does the screening process include criteria for identifying students who need further evaluation?	___	___
10. Are records maintained for students who have been screened?	___	___
11. Are results of screening forwarded to the multidisciplinary assessment team for students who have been referred?	___	___

PUBLIC LAW 94-142 Sec. 121a.220

"EACH APPLICATION MUST INCLUDE PROCEDURES WHICH INSURE THAT ALL CHILDREN RESIDING WITHIN THE JURISDICTION OF THE LOCAL EDUCATION AGENCY WHO ARE HANDICAPPED, REGARDLESS OF THE SEVERITY OF THEIR HANDICAP, AND WHO ARE IN NEED OF SPECIAL EDUCATION AND RELATED SERVICES ARE IDENTIFIED, LOCATED, AND EVALUATED INCLUDING A PRACTICAL METHOD OF DETERMINING WHICH CHILDREN ARE CURRENTLY RECEIVING NEEDED SPECIAL EDUCATION AND RELATED SERVICES AND WHICH CHILDREN ARE NOT RECEIVING SPECIAL EDUCATION AND RELATED SERVICES."

PUBLIC LAW 93-112

"A RECIPIENT THAT OPERATES A PUBLIC ELEMENTARY OR SECONDARY EDUCATION PROGRAM SHALL ANNUALLY:

(a) UNDERTAKE TO IDENTIFY AND LOCATE EVERY QUALIFIED HANDICAPPED PERSON RESIDING IN THE RECIPIENT'S JURISDICTION WHO IS NOT RECEIVING A PUBLIC EDUCATION; AND

(b) TAKE APPROPRIATE STEPS TO NOTIFY HANDICAPPED PERSONS AND THEIR PARENTS OR GUARDIANS OF THE RECIPIENT'S DUTY UNDER THIS SUBPART."

RULES AND REGULATIONS GOVERNING PROGRAMS AND SERVICES FOR HANDICAPPED CHILDREN IN WYOMING SCHOOL DISTRICTS

CHAPTER XI SECTION 4a

SECTION 4 CHILD IDENTIFICATION

A. EACH SCHOOL DISTRICT SHALL ADOPT REGULATIONS AND PROCEDURES FOR IMPLEMENTING AND MAINTAINING AN ONGOING SYSTEM TO LOCATE AND ASSESS HANDICAPPED CHILDREN, AGES BIRTH THROUGH 21, WHO ARE RESIDENTS OF THE DISTRICT. THE PURPOSE OF THIS SYSTEM SHALL BE TO IDENTIFY ALL HANDICAPPED CHILDREN WHO NEED SPECIAL EDUCATION AND RELATED SERVICES AND TO IMPLEMENT APPROPRIATE SERVICES AT THE EARLIEST AGE POSSIBLE.

SCREENING:
BEHAVIORAL INDICATORS

Chart of Normal Development

	Motor Skills Gross Motor Skills	Fine Motor Skills	Communication Skills Understanding of Language	Spoken Language	Cognitive Skills		Self-Help Skills	Social Skills
24-36 Months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads. Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action. Makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands question forms what and where. Understands negatives no, not, can't, and don't. Enjoys listening to simple storybooks and requests them again.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks what and where questions. Makes negative statements (for example, Can't open it). Shows frustration at not being understood.	Responds to simple directions (for example: Give me the ball and the block. Get your shoes and socks). Selects and looks at picture books, names pictured objects, and identifies several objects within one picture. Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together). Stacks rings on peg in order of size. Recognizes self in mirror, saying, baby, or own name.	Can talk briefly about what he or she is doing. Imitates adult actions (for example, housekeeping play). Has limited attention span. Learning is through exploration and adult direction (as in reading of picture stories). Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/whole concepts (for example, parts of the body).	Uses spoon, little spilling. Gets drink from fountain or faucet unassisted. Opens door by turning handle. Takes off coat. Puts on coat with assistance. Washes and dries hands with assistance.	Plays near other children. Watches other children, joins briefly in their play. Defends own possessions. Begins to play house. Symbolically uses objects, self in play. Participates in simple group activity (for example, sings, claps, dances). Knows gender identity.
36-48 Months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys. Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls, snakes, cookies).	Begins to understand sentences involving time concepts (for example, We are going to the zoo tomorrow). Understands size comparatives such as big and bigger. Understands relationships expressed by if . . . then or because sentences. Carries out a series of 2 to 4 related directions. Understands when told, Let's pretend.	Talks in sentences of three or more words, which take the form agent-action-object (I see the ball) or agent-action-location (Daddy sit on chair). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to indicate past tense. Refers to self using pronouns I or me. Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.	Recognizes and matches six colors. Intentionally stacks blocks or rings in order of size. Draws somewhat recognizable picture that is meaningful to child, if not to adult. Names and briefly explains picture. Asks questions for information (why and how questions requiring simple answers). Knows own age. Knows own last name.	Has short attention span. Learns through observing and imitating adults, and by adult instruction and explanation. Is very easily distracted. Has increased understanding of concepts of the functions and groupings of objects (for example, can put doll house furniture in correct rooms), and part/whole (for example, can identify pictures of hand and foot as parts of body). Begins to be aware of past and present (for example: Yesterday we went to the park. Today we go to the library).	Pours well from small pitcher. Spreads soft butter with knife. Buttons and unbuttons large buttons. Washes hands unassisted. Blows nose when reminded. Uses toilet independently.	Joins in play with other children. Begins to interact. Shares toys. Takes turns with assistance. Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).

ISSUES IN SCREENING: BEHAVIORAL INDICATORS

Chart of Normal Development

	Motor Skills Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language	Cognitive Skills		Self-Help Skills	Social Skills
48-60 Months	Walks backward toe-heel. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.	Follows three unrelated commands in proper order. Understands comparatives like pretty, prettier, and prettiest. Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, First we have to go to the store, then we can make the cake, and tomorrow we will eat it).	Asks when, how, and why questions. Uses modals like can, will, shall, should, and might. Joins sentences together (for example, I like chocolate chip cookies and milk). Talks about causality by using because and so. Tells the content of a story but may confuse facts.	Plays with words (creates own rhyming words; says or makes up words having similar sounds). Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs. Can name and match drawn parts to own body. Draws, names, and describes recognizable picture. Rote counts to 5, imitating adults.	Knows own street and town. Has more extended attention span. Learns through observing and listening to adults as well as through exploration. Is easily distracted. Has increased understanding of concepts of function, time, part/whole relationships. Function or use of objects may be stated in addition to names of objects. Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.	Plays and interacts with other children. Dramatic play is closer to reality, with attention paid to detail, time, and space. Plays dress-up. Shows interest in exploring sex differences.
60-72 Months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6'6") hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed). Pastes and glues appropriately.	Demonstrates preacademic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.	Retells story from picture book with reasonable accuracy. Names some letters and numerals. Rote counts to 10. Sorts objects by single characteristics (for example, by color, shape, or size if the difference is obvious). Is beginning to use accurately time concepts of tomorrow and yesterday. Uses classroom tools (such as scissors and paints) meaningfully and purposefully.	Begins to relate clock time to daily schedule. Attention span increases noticeably. Learns through adult instruction. When interested, can ignore distractions. Concepts of function increase as well as understanding of why things happen. Time concepts are expanding into an understanding of the future in terms of major events (for example, Christmas will come after two weekends).	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages with other children in cooperative play involving group decisions, role assignments, fair play.

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SCREENING

BEHAVIORAL INDICATORS HANDOUT 2

Student Characteristics Indicative of Potential Problems

Health

- Sleepiness, listlessness, fatigue
- Frequent absence due to illness
- Coughing, respiratory difficulty
- Complains or suffers frequently
- Dental problems
- Obvious overweight or underweight
- Bruises or injuries which appear repeatedly

Hearing

- Frequent requests to repeat statements
- Inability to differentiate sounds
- Inattentiveness, daydreaming
- Close concentration on speaker's mouth
- Speech problems

Vision

- Physical irregularities—eyes crossed, wavering, drooping lids, redness
- Closeness to or unusual distance from work, squinting
- Unable to distinguish colors or shapes
- Head tilted or turned to one side when concentrating

Speech

- Stuttering
- Articulation errors (distortions, substitutions)
- Lack of voice control (volume, pitch, quality)
- Difficulty in oral reading but good comprehension
- Pronunciation difficulties not due to language or dialect influence

Perceptual-Motor Performance

- Physical awkwardness
- Reversal of letters
- Poor fine-motor coordination (cutting with scissors, holding pencil, printing, or writing)
- Poor visual or auditory memory

Academic Achievement and Intelligence

- Achievement level one grade or more below expectancy in reading, math, or other area
- Needs many repetitions to learn
- Forgetful
- Difficulty with abstract tasks
- Does not generalize principles or information from one task to another
- No systematic approach to work, trial-and-error style
- Poor reading ability
- Slow rate of learning or mastery

Social-Emotional Behavior

Short attention span, poor concentration

Anxiety, worry, nervousness, irritability

Impulsiveness, hyperactivity, continuous talking

Poor emotional control/extreme emotions (anger, tantrums, silliness, fears, mood swings, sadness)

Habits (thumb-sucking, nail-biting and hair-pulling)

Withdrawal, avoidance, social isolation, few friends

Relates poorly with adults, peers, other

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HANDOUT 3

Student Characteristics Indicative of Potential Problems

A. Health

HANDOUT 3

Student Characteristics Indicative of Potential Problems

B. Health

HANDOUT 3

Student Characteristics Indicative of Potential Problems

C. Vision

HANDOUT 3

Student Characteristics Indicative of Potential Problems

D. Speech

HANDOUT 3

Student Characteristics Indicative of Potential Problems

E. Perceptual-Motor Performance

HANDOUT 3

Student Characteristics Indicative of Potential Problems

F. Academic Achievement and Intelligence

HANDOUT 3

Student Characteristics Indicative of Potential Problems

G. Social-Emotional Behavior

SCREENING:
SURVEY OF PUBLISHED INSTRUMENTS

SURVEY OF PUBLISHED SCREENING INSTRUMENTS

SCREENING

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISH CODE
Teacher Rating Scale for the Identification of Handicapped Children	11 separate scales sampling a wide range of problem areas (social; academic; emotional, etc.) are included in this scale. The individual student is rated on 75 items; "1" = "does not exhibit; "5" = consistently exhibits. Scores are obtained on each of the 11 scales; estimated administration time is 20-40 minutes per child.	K-8	Individual	Teacher		Az. SEA
Walker Problem Behavior Identification Checklist (by H. Walker)	This checklist can be used as a screening for identification or to accompany a referral it contains 50 items which sample behaviors such as acting out; immaturity; distractability; withdrawal, etc., and yields raw scores, "T" scores for each area as well as a total score. Cut-off scores are provided. Administration takes approximately 30 minutes.		Individual	Teacher		WPS
Basic Concept Inventory	A criterion-referenced measure for the culturally-different, slow-learners, emotionally disturbed & mentally retarded. Scores in basic concepts, statement repitition and comprehension, and pattern awareness to provide information about the lack of specific skills. Educational strategies included. Time 15-25 min.	3-10 yrs.	Individual	Teacher		FOL
Denver Developmental Screening Test	This standardized test detects children with serious developmental delays. It covers four functions: gross-motor, language, fine motor adaptive and personal-social. Time 15-20 min.	2 wk. - 6 yrs.	Individual	Paraprof.		LPPF
Minnesota Preschool Scale	Test uses verbal comprehension & memory tests to arrive at a verbal score. It also includes a nonverbal scale that measures form recognition, tracing, picture completion, block building and simple puzzle skills. Time 10-30 minutes.	1-6 yrs.	Individual	Paraprof.	Complete set - $45 Specimen set $3.80	AGS

SCREENING INSTRUMENTS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
DIAL (by Carol Mardell and Dorothea Goldenberg)	This screening test is for identifying prekindergarten children with potential learning problems. 6-8 children can be screened per hour. Four areas of functioning are assessed: gross motor; fine motor; concepts; communications. The test was normed on a population of 4400 children.		Individual	Professionals or trained para-professionals		DIAL
First Grade Screening Test by J.E. Pate & W.W. Webb	This is a group test designed at the first grade level. The test yields a single, composite score; a cutting score divides the group of scores into two; children who score at or below the cutting score should be considered for more indepth assessment. Time 30-40 minutes.	K-1	Group	Teacher	$16.50	AGS
Individual Learning Disabilities Classroom Screening Instrument John Meier, V.O. Cazier, Marian Giles	This scale is designed to identify elementary school students potential learning handicaps. A total of eighty items provide indices of the child's functioning in areas such as: auditory perception; visual perception; sequential memory; social-emotional. Pupil work samples are also scored. Student behaviors are rated on a 4 point scale (unobserved to severe); cut-off scores for each area of behavior are suggested. Specific remedial suggestions are offered.	K-6	Individual	Teacher		LPI
Pupil Behavior Rating Scale by Nadine Lambert, U of C, Berkeley	Designed as a classroom screening device, this scale consists of 11 non-intellectual behavioral attributes; each student is assigned a unique score on each attribute, relative to others in the class. Scores can be combined, yielding a composite score for each student. The purpose is to identify children requiring further attention; no cut-off criteria are provided.		Individual	Teacher		U of C
Screening Checklist for Classroom Teacher	This checklist is organized into the following areas; discrepancies (better in math than reading); auditory difficulties; visual difficulties; kinesthetic or motor difficulties; behavior symptoms. Items appear appropriate for the elementary level and use of the form to accompany a referral statement would be very appropriate.	K-1	Individual	Teacher		U of P at PMC

HANDOUT 2

Overview of Screening Instruments

Participant Worksheet

1. Assume that you are a member of a committee with responsibility for selecting screening instruments for your school. What factors should you consider before making the selection?

2. You have a student in your class who is not achieving up to grade level in math, reading, and spelling. What instrument(s) could you use to pinpoint his/her specific problems?

3. You have a student in your class who is particularly troublesome. How could you determine his/her specific problems?

4. If you wanted to make your own informal instruments for screening what approach could you use?

____

____

____

____

____

5. Another colleague tells you she/he has heard something about a screening instrument called the BCP and wants to know more about it. What could you tell him/her?

____

____

____

____

____

CONSIDERATIONS IN CHOOSING SCREENING INSTRUMENTS

AGE OF THE STUDENT

SOCIO ECONOMIC STATUS, LANGUAGE AND CULTURAL BACKGROUND

EASE IN ADMINISTRATION, SCORING AND INTERPRETATION

VALIDATION OF PROCEDURES

MANN-SUITER PRIMARY DEVELOPMENTAL CHECKLIST (AGES 4–6)

DATE ______________

NAME ______________________ ADDRESS ______________________

DATE OF BIRTH __________ SEX ______ RACE __________ PHONE __________

SCHOOL ______________ TEACHER ______________ GRADE __________

NUMBER IN FAMILY ____ POSITION IN FAMILY ____ GLASSES ____ HEARING AID ____

BI-LINGUAL ________ NATIVE LANGUAGE ______________ NURSERY ________

PERTINENT FACTS KNOWN IN PRE-SCHOOL HISTORY ______________________

____

____

Auditory: YES NO

1. Does the child turn or cup one ear to the speaker? (hearing) ___ ___
2. Does the child fail to answer to his name from behind? (hearing) ___ ___
3. Voice (hearing)
    - excessively loud ________ ___ ___
    - excessively soft ________ ___ ___
    - monotone ________ ___ ___
4. Does the child consistently ask to have words repeated? (hearing) ___ ___
5. Does the child have difficulty repeating a clapped sequence? clap-clap, clap-clap (memory-sequence) ___ ___
6. Does he fail to follow more than one direction? (memory-sequence) ___ ___
7. Does he fail to remember the sounds of things: animal, home, or nature (memory) ___ ___
8. Does he fail to follow the rhythm in band playing activities (memory-sequence) ___ ___
9. Is he unable to pay attention when there is noise in the room? (figure – ground) ___ ___
10. Does the child fail to tell the difference between human vs. non-human sounds? (discrimination) ___ ___
11. Does the child fail to tell when sounds are the same or different? (discrimination) ___ ___
12. Is he unable to locate the source or direction of sound? (localization) ___ ___
13. Does he fail to understand that the sound "m" in the word "man" is the same as the sound of "m" in the word "mop"? (auditory – auditory association) ___ ___
14. Is he unable to identify most of the letter sounds? (auditory – visual associative memory) ___ ___
15. Is he unable to identify most of the letter names? (auditory – visual associative memory) ___ ___

Things to Look For

1. Does he know the sounds?
2. Can he read the blends?

Note: See Chapter 5 for more specific evaluation in this area if necessary.

MANN-SUITER VISUAL MEMORY SCREEN FOR OBJECTS

Directions

The Mann-Suiter Visual Memory Screen for Objects is designed to indicate a student's ability to revisualize pictures of common objects presented to him in groups. The teacher says, "I am going to show you a row of little pictures. After I cover the pictures, I want you to tell me each time exactly what pictures you saw. Start at one end of the row each time and tell me all the pictures you saw. Try to tell them to me in the same order they were in a row."

Note: Number the sequence of the responses for diagnostic purposes to get an indication of the order of remembering even though this is not counted in the scoring.

Scoring

1. For children age 5, recalling three items in any order within a row suggests adequate visual memory
2. For children ages 6 and older, recalling four items in any order within a row suggests adequate visual memory.
3. Expose each row for approximately one second for each picture on it. Number one is a practice one and does not count. The order of response does not count in the scoring.
4. The exposure time for each row is as follows:
   Row 1: 2 seconds
   Row 2: 3 seconds
   Row 3: 4 seconds
   Row 4: 5 seconds
5. Symbols for noting responses should be ✓= correct, ✓= incorrect

Activities for improving memory sequencing can be found on page 137.

Things to Look For

1. Note if the student remembers the pictures from left to right or from right to left.
2. Look for perseveration; that is, repeating the same objects over again from the preceding line.

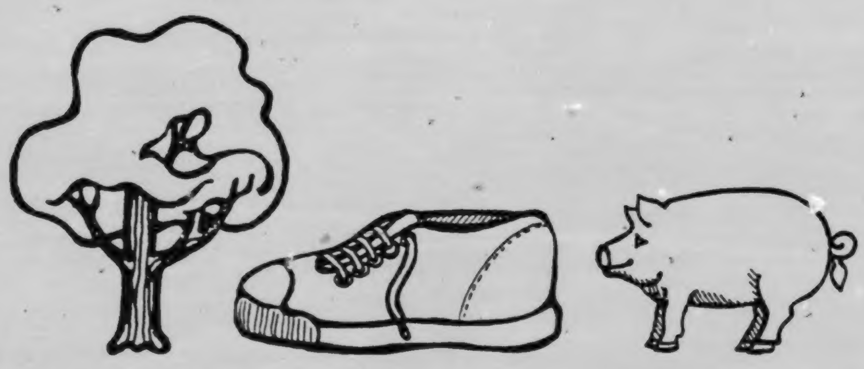
MANN-SUITER VISUAL MEMORY FOR OBJECTS

NAME ____________________

DATE ____________________

DATE OF BIRTH ____________________

RESPONSE



______

MANN-SUITER DEVELOPMENTAL SCREENING

RECORD FORM

NAME____________________

DATE____________________

DATE OF BIRTH____________

SCREEN	MINIMAL REQUIREMENTS	STUDENT'S RESPONSE	ACCEPTANCE: YES	NO
Visual Motor	○ , age 3			
	▭ , age 4			
	△ , age 5½			
	◇ , age 6			
Visual Figure-Ground	10 correct responses age 4-5			
	12 correct responses age 6 or older			
Visual Discrimination	2 errors, age 5 or older			
Visual Memory	3 items any order age 5			
	4 items any order age 6			
Visual Closure (for children reading at level one or above)	2 errors, level one			
	3 errors, other levels			
Auditory Discrimination	(initial, medial, final) 4 errors age 6			
	(recall analysis) 2 errors age 7			
Auditory Closure (blending)	9 errors age 6			
	4 errors age 7			
Auditory memory (sentences)	7 item errors, age 5			
	4 item errors, age 6			

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MANN-SUITER DIAGNOSTIC WORKSHEET

	Strengths	*Average*	*Weaknesses*
Auditory			
SENSORY (Acuity)			
Perception:			
Figure-ground			
Closure			
Discrimination			
Localization-attention			
IMAGERY:			
Memory			
Auditory-Auditory association			
Auditory-Visual Association			
Sequencing			
Visual			
SENSORY (Acuity):			
Perception			
Figure-ground			
Closure			
Discrimination			
IMAGERY:			
Memory			
Sequencing			

	Strengths	*Average*	*Weaknesses*
Language			
Visual Language Classification			
Visual Language Association			
Auditory Language Classification			
Auditory Language Association			
Manual Language Expression			

MANN-SUITER EDUCATIONAL PROFILE

Green ✓ = strong
Red ✓ = weak
Black x = average
Unmarked = not tested
Unmarked is average

Name ______________________
Date of Birth ______________________
Date ______________________
Grade ______________________

Examiner ______________________

Address ______________________
School ______________________
Teacher ______________________
Student's Home Phone ______________________

Auditory

Sensory
- Acuity ☐

Perception
- Discrimination ☐
- Localization and attention ☐
- Figure-ground ☐
- Closure ☐

Imagery
- Memory ☐
- Auditory-auditory association ☐
- Auditory-visual association ☐
- Sequencing ☐

Visual

Sensory
- Acuity ☐
- Fusion ☐
- Convergence ☐

Perception
- Discrimination ☐
- Figure-ground ☐
- Closure ☐

Imagery
- Memory ☐
- Sequencing ☐

Motor
- Fine ☐
- Gross ☐
- Spatial ☐
- Left-right orientation ☐
- Body image ☐

Academic Tasks

Reading

Comprehension and Concept level (Concrete-Functional, C-F, or Abstract A)

Writing (Handwriting and Expression)

Spelling

Arithmetic

Language

Receptive
- Visual language classification ☐
- Visual language association ☐
- Auditory language classification ☐
- Auditory language association ☐

Expressive
- Manual language expression ☐

Speech
- Verbal language expression ☐
- Written language expression ☐
- Non-verbal language ☐

Other

Controls
- Distractability ☐
- Perseveration ☐
- Disinhibition ☐
- Hyperactivity ☐
- Overstimulation ☐
- Inhibiting responses ☐
- Understimulation ☐

VISUAL MODALITY

Acuity and Ocular Motor

1. Keystone Visual Survey Telebinocular. (Keystone View Co. 1958)
2. Snellen Chart. (American Medical Association)
3. Spache Binocular Vision Test (Keystone View Co. 1961)
4. Ortho-rater (Bausch and Lomb 1958)

Perception

DISCRIMINATION

1. Marianne Frostig Developmental Test of Visual Perception. (Frostig 1963)
2. Marion Monroe Visual Test #1 (Ilg and Ames 1965 *School Readiness*)
3. Metropolitan Readiness Test. (Hildreth, Griffiths, and McGauvran 1966)

CLOSURE

1. Illinois Test of Psycholinguistic Abilities Visual Closure Subtest. (Kirk, McCarthy, and Kirk 1968)

FIGURE-GROUND

1. Marianne Frostig Developmental Test of Visual Perception. (Frostig 1963)
2. Strauss and Lehtinen Figure Background Cards. (Strauss and Lehtinen 1947)

Imagery (Memory-sequencing)

1. Benton Visual Retention Test. (Benton 1963)
2. Detroit Test of Learning Aptitude Subtests 9 and 16. (Baker and Leland 1959)
3. Graham-Kendall Memory for Designs Test. (Graham and Kendall 1960)
4. Marion Monroe Test #3 (Ilg and Ames 1965 *School Readiness*)

Visual-motor (Gross and Fine)

1. Beery Developmental Test of Visual-Motor Integration (Beery 1967)
2. Bender Visual-Motor Gestalt Test. (Bender 1938; Koppitz 1964)
3. Detroit Test of Learning Aptitude, Subtest #5. (Baker and Leland 1959)

COMPONENTS OF TEACHER'S HANDBOOK OF DIAGNOSTIC INVENTORIES

1. DEVELOPMENTAL SPELLING INVENTORY
2. DEVELOPMENTAL READING INVENTORIES
3. SCREENING FOR HANDWRITING
4. DEVELOPMENTAL ARITHMETIC INVENTORY
5. GLOSSARY OF LANGUAGE TERMS
6. DUPLICATOR MASTERS
7. READING KIT

Mann-Suiter Developmental Spelling Inventory

Level I	*Level II*	*Level III*
1. cat	1. rod	1. sheep
2. no	2. jug	2. each
3. red	3. get	3. third
4. see	4. sip	4. catch
5. and	5. tab	5. drank
6. you	6. sled	6. lake
7. the	7. clap	7. stick
8. we	8. ship	8. duck
9. it	9. drop	9. child
10. yes	10. think	10. bath
11. dog	11. sing	11. wash
12. big	12. little	12. puppy
13. like	13. home	13. train
14. have	14. ask	14. laughing
15. was	15. father	15. short
	16. doll	16. swing
	17. morning	17. walk
	18. pretty	18. uncle
	19. boat	19. right
	20. said	20. because

Level IV	*Level V*	*Level VI*
1. strike	1. ridge	1. scene
2. shook	2. frame	2. court
3. choke	3. risky	3. relation
4. hobby	4. quietly	4. noble
5. chopped	5. ditch	5. maples
6. swimming	6. trouble	6. describe
7. hiding	7. address	7. enforce
8. folded	8. heroes	8. motoring
9. studies	9. soldiers	9. relieves
10. doesn't	10. thieves	10. autograph
11. through	11. crept	11. canyon
12. climb	12. movies	12. glistening
13. listen	13. studying	13. continued
14. person	14. joking	14. trophy
15. pennies	15. ruins	15. pierced
16. ashes	16. reviewed	16. motoring
17. starting	17. sauce	17. whirl
18. age	18. business	18. ignorantly
19. dirty	19. expect	19. hastened
20. carrying	20. dismissed	20. rewarded

Note: Children can usually spell only words they can read; therefore, by adding up the correct words on each paper and then placing the papers in an order from low to high, the teacher will have an immediate idea of the relative reading levels of the students. Spelling screens should occasionally be given on unlined white paper. This will give the teacher a sample of the student's handwriting which can be analyzed for good spacing, letter production, and positioning of words on a page.

MANN-SUITER DEVELOPMENTAL INVENTORIES

Analysis of Errors (Language Arts)

Name ______________________ School ______________________

Date ______________ Grade ______________ Date of Birth ______________

Examiner ______________________

DEVELOPMENTAL SPELLING INVENTORY

(A check mark indicates difficulty)

Auditory Errors

1. Substitutions (*t* for *d*, *f* for *v*, *sh* for *ch*) ___
2. Omits vowels (*brd* for *bird*) ___
3. Omits second consonant in blends (*rut* for *rust*) ___
4. Uses synonyms (*house* for *home*) ___
5. Wild guessing (*yot* for *yes*) ___
6. No response ___
7. Vowel sound confusion (*but* for *bat*) ___
8. Omits word endings such as *ed*, *s*, *ing* ___
9. Cannot remember spelling rules ___

Visual Errors

1. Writes the beginning letters only ___
2. Reversals of words or letters (*b* for *d*, or *on* for *no*) ___
3. Inversions of letters (*m* for *w*) ___
4. Mixture of capital and small letters (baBy) ___
5. Spells phonetically (cannot revisualize) ___

Other Errors

Scoring Procedures

Be sure to mark the correct and incorrect responses by each question as it is asked. If there are two or three parts to the answer, give credit for the correct portion answered. For example, "What did Mary do first? Next? And last?" Each part of this question is worth one-third of the credit.

Note: Do not forget to record unusual answers. Customarily, vocabulary questions are never counted into the comprehension score.

SCORING PROCEDURES FOR THE DEVELOPMENTAL PARAGRAPH READING INVENTORY

Symbol Notation

As the child reads the selection, use the following symbols to record the types of word recognition errors made during the paragraph reading selection.

1. *Unusual phrasing, or word-by-word reading.*
   Example: A/ little black dog ran/ away/ from home.
   (Noted but not counted as an error.)
2. *Omitted words, phrases, or word endings.*
   Example: A little black dog ran away from home. He talked (and talked) to her. He talk○ to her. (Counted as an error.)
3. *Substitutions*
   Example: Mary walked above over the bridge.
   The teacher writes the substituted word above. (Counted as an error.)
4. *Additions of words, phrases, or endings.*
   Example: A little black doggy ran away from ‸the home. (Counted as an error.)
5. *Repetitions*
   Example: A little black dog ran away from home. A line is drawn indicating the portion repeated. (Noted but not counted as an error.)
6. *Mispronunciation or words.*
   Write *M* above the word.
   Example: "The big M machine." The error is in placing the accent on the wrong syllable. The evaluator should also write out the errors. (Counted as an error.)
7. *Punctuation.*
   The student continues to read through the punctuation marks. Example: A little dog ran away x He ran, etc. (Noted but not counted as an error.)
8. *Needs assistance.*
   If he hesitates more than five seconds, write *P* above the word and pronounce it for the student. (Counted as an error.)
9. *Self-correction of errors.*
   Example: She was✓ saw a penny. (Noted but not counted as an error.)
10. *Hesitations.*
    Example: A little black dog ran haway.

SURVEY OF PUBLISHED SCREENING INSTRUMENTS

Mann-Suiter Developmental Reading Summary Record

NAME ______________________ GRADE ______ AGE _______ DATE ___________

EXAMINER ___________________

DEVELOPMENTAL WORD RECOGNITION AND READING INVENTORY

		pp3	P	1	2^1	2^2	3^1	3^2	4	5	6
1	% Word recognition, correct-flash										
2	% Word recognition, correct-untimed(ut)										
3	% Word recognition, accuracy-(DPRI) oral reading										
4	% Word recognition, average – UT and DPRI oral reading (2 and 3)*										
5	% Reading comprehension, form ___										
6	% Listening comprehension, form ___										

Average of the Untimed Word Recognition and the DPRI Oral Reading.

Reading Comprehension

%	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86
100															
95			INDEPENDENT												
90															
85															
80						INSTRUCTIONAL									
75															
70															
65										FRUSTRATION					
60															
55															
50															
45															

*Difficulties noted:

Frustration Level ___________

Instructional Level___________

Independent Level___________

DEVELOPMENTAL WORD READING INVENTORY

(A check mark indicates difficulty)

Auditory Errors

1. Complete guess ___
2. Knows letter names, but not sounds ___
3. Associative error (*house* for *home*) ___
4. Knows sounds but cannot blend into words ___
5. Substitutes one sound for another ___

Visual Errors

1. Slow rate of perception (fails flash, but gets untimed) ___
2. Sees beginning of word only or beginning and endings only on flash ___
3. Reversals (*was* for *saw*) ___
4. Inversions (*me* for *we*) ___
5. Does not discriminate fine detail (*ship* for *snip*) ___
6. Omits sounds from words (check auditory discrimination) ___
7. Adds sounds ___
8. Hesitations ___

Other Errors

DEVELOPMENTAL PARAGRAPH READING INVENTORY

Auditory Errors

1. Mispronunciation (*forgē* for *forge*, etc.) ___
2. Wild guess ___
3. Associative errors: (*house* for *home*) ___

General Observations on Oral Reading

1. Phrasing ____
2. Fluency ____
3. Finger pointing ____

General Observations on Silent Reading

1. Uses fingers ____
2. Vocalizes ____
3. Makes remarks ____

Listening Comprehension

1. Grade level expectancy based on listening comprehension ____

Handwriting Errors

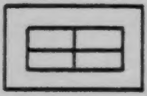
1. Unable to copy accurately ____
2. Poor alignment of letters ____
3. Unorthodox joining of letters in cursive ____
4. Fusion of letters ____
5. Changes hands ____
6. Writes from right to left ____
7. Fatigues easily ____
8. Poor letter formation ____
9. Irregular size letters ____
10. Poor spacing ____

Other Errors

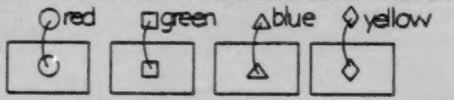
MANN-SUITER DEVELOPMENTAL ARITHMETIC INVENTORY
DEVELOP YOUR OWN TESTING KIT

Item **Material**

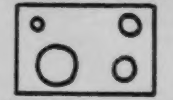
1. . . . . Use colored blocks for ages six and below and a 5" × 8" card colored with a magic marker for ages seven and above.



2. . . . . Construct out of cardboard and color with a magic marker.



3. . . . . Draw four different size circles on a 5" × 8" white card:

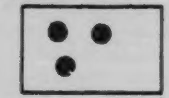


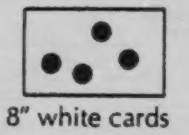
4. . . . . Use six dowels or six pill boxes of different heights. Commercial materials can also be utilized.

5. . . . . Ten poker chips or ten pennies.

6. . . . . Six different size cards with their respective envelopes.

10–11. . . . . Use poker chips or pennies for ages six and below and 5" × 8" white cards with pictures of groupings ages seven and above:





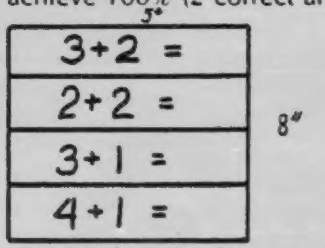
12. . . . . Use insets from Item 2.

13. . . . . Use blocks from Item 1 for ages six and below and 5" × 8" white cards with pictures of groupings ages seven and above. (The same cards as in Item 10.)

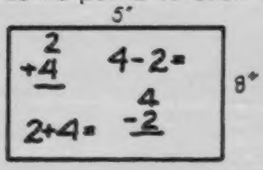
14. . . . . One dime.
Two nickels.

One quarter.

15. . . . . The teacher says point to the ones that equal five. Note: He must achieve 100% (2 correct and no wrong responses):



17. . . . . The teacher says how much is _____ as he points to each one in the order presented on the white card:



3"

SURVEY OF PUBLISHED SCREENING INSTRUMENTS

A PSYCHOEDUCATIONAL DEFINITION OF BASIC LEARNING ABILITIES

An operational definition (A) and illustration (B) of basic learning abilities for use in developing specific educational programs.

GROSS MOTOR DEVELOPMENT	The development and awareness of large muscle activity.
1. *Rolling*	A. The ability to roll one's body in a controlled manner. B. From a prone position, with arms over head, pupil can roll from back to stomach. Pupil can do sequential rolling to right and left, can roll down hill or incline.
2. *Sitting*	A. The ability to sit erect in normal position without support or constant reminding. B. Pupil can demonstrate proper poise in sitting at desk with feet on floor, back straight, and head and arms in correct position for work at hand.
3. *Crawling*	A. The ability to crawl on hands and knees in a smooth and coordinated way. B. With eyes fixated on target, pupil first crawls in homolateral fashion. Pupil progresses to cross-pattern crawling program.
4. *Walking*	A. The ability to walk erect in a coordinated fashion without support. B. With head up and shoulders back, pupil walks specified path and walking line. Can walk backward and sideways without difficulty.
5. *Running*	A. The ability to run a track or obstacle course without a change of pace. B. Pupil runs a straight track of easy distance without difficulty. Can change direction through a simple obstacle course without stopping or significantly changing pace.
6. *Throwing*	A. The ability to throw a ball with a reasonable degree of accuracy. B. Pupil throws a ball to another person so that it may be caught. Can throw ball accurately into box or basket.
7. *Jumping*	A. The ability to jump simple obstacles without falling. B. Pupil can jump from chair to floor without difficulty. Can jump from jumping board without falling. Can jump over knee-high obstacles.
8. *Skipping*	A. The ability to skip in normal play. B. Pupil can skip, alternating feet, around circle of players. Can skip rope forward both by hopping and alternate-foot skipping.
9. *Dancing*	A. The ability to move one's body in coordinated response to music. B. In young children, free movement and eurhythmic expression. Progression to more formal dance steps with older pupils.
10. *Self-Identification*	A. The ability to identify one's self. B. Pupil can identify self by name, respond to name when called, identify self in pictures and mirrors.
11. *Body Localization*	A. The ability to locate parts of one's body. B. Pupil can locate eyes, hands, mouth, hair, nose, feet, eyebrows, fingernails, shoulders, elbows, knees, back, neck, chin, forehead, wrist, arms, legs, toes.

SURVEY OF PUBLISHED SCREENING INSTRUMENTS

A PSYCHOEDUCATIONAL EVALUATION OF BASIC LEARNING ABILITIES

Name______________________________

Date_____________________Age________

Evaluator__________________________

	Performance Level	Learning Disabilities			Learning Strengths	
		Very Weak	Weak	Average	Strong	Very Strong
		0	5	25	75	95 100
GROSS MOTOR DEVELOPMENT						
ROLLING *(controlled)*						
SITTING *(erect)*						
CRAWLING *(smoothly)*						
WALKING *(coordinated)*						
RUNNING *(course)*						
THROWING *(accurately)*						
JUMPING *(obstacles)*						
SKIPPING *(alternately)*						
DANCING *(eurythmy)*						
SELF-IDENTIFICATION *(name/awareness)*						
BODY LOCALIZATION *(part location)*						
BODY ABSTRACTION *(transfer/generalization)*						
MUSCULAR STRENGTH *(sit-, leg-ups/bends)*						
GENERAL PHYSICAL HEALTH *(significant history)*						
SENSORY-MOTOR INTEGRATION						
BALANCE AND RHYTHM *(games/dance)*						
BODY-SPATIAL ORGANIZATION *(mazes)*						
REACTION-SPEED DEXTERITY *(motor-accuracy)*						
TACTILE DISCRIMINATION *(object identification)*						
DIRECTIONALITY *(right-left/etc.)*						
LATERALITY *(hand-eye-foot)*						
TIME ORIENTATION *(lapse and concept)*						
PERCEPTUAL-MOTOR SKILLS						
AUDITORY: ACUITY *(functional hearing)*						
A—DECODING *(following directions)*						
A—VOCAL ASSOCIATION *(imitative response)*						
A—MEMORY *(retention)*						
A—SEQUENCING *(patterning)*						
VISUAL: ACUITY *("Snellen")*						
V—COORDINATION AND PURSUIT *(tracking)*						
V—FORM DISCRIMINATION *(association)*						
V—FIGURE/GROUND *(differentiation)*						
V—MEMORY *(visual recall)*						

Note to teacher: First, on the form entitled, "A Psychoeducational Evaluation of Basic Learning Abilities," evaluate *present* functioning in the basic learning abilities by marking the performance level. Then, in January and June at the end of each school semester, complete the "Pupil Progress Report," indicating the present educational program and progress to date. Make two copies of that report. Place the original in the special cumulative record folder. Send the carbon to the office of the director of special education for inclusion in the pupil's central file.

PUPIL PROGRESS REPORT BY TEACHER

*Pupil's Name*____________________ *Birthdate*____________ *Grade*________

*Address*__________________________ *Telephone*____________

GROSS MOTOR DEVELOPMENT (Programs and progress in motor activities, physical education, general health, etc.)

SENSORY-MOTOR INTEGRATION (Programs and progress in motor integration, art, music, etc.)

PERCEPTUAL-MOTOR SKILLS (Programs and progress in perceptual skills, including listening, attention and memory, fine muscle coordination.)

PERCEPTUAL-MOTOR SKILLS

PSYCHOEDUCATIONAL RESOURCE PROGRAM NUMBER 24

Auditory-vocal Association

DEFINITION: The ability to respond verbally in a meaningful way to auditory stimuli.

ILLUSTRATION: Pupil can associate with verbal opposites, sentence completion, or analogous verbal responses.

EDUCATIONAL RATIONALE: Children must be taught to listen and to verbally respond in meaningful ways through the use of association, logical inference, and judgment. Expressive fluency should be recognized as a secondary goal.

SUGGESTED PROGRAM IDEAS

1. Primary Association
   a. Place association: "For the next minute, tell me all the things you can think of that belong in a grocery store." (sports shop, school, etc.)
   b. Word association: "Tell me all the words you can think of when I say boy." (money, camp, clothes, cookies, etc.)
   c. Sentence completion: Teach pupil to listen to beginning sentence stimulus and then to complete it by association: "The color of this book is ____________." "My name is ______________." "After school, I will________________." "When summer comes, I_________________." "My favorite television program is_____________." "I am now_____________years old." "Candy is_____________." "When my birthday comes, _____________."
   d. Free association: Provide stimulating toys such as toy telephones, puppets, dolls, etc., and tape recorders for children to record and play back.
   e. Guided association: Use TV films, filmstrips, and colored pictures to stimulate general discussion and pupil association.
2. Analogous Association
   a. Prepositional analysis: "Is my hand under the desk?" "Are parks to live in?" Have pupil explain his reply.
   b. Class differences: "Which of the following words does not belong—birds, bees, flys, cars." (John, Mary, Bill, George; apples, hamburgers, steak, wieners, etc.) Repeat exercise, requiring verbal listing of things that *do* go together.
   c. Verbal-opposite training: "Name the opposite of boy." (man, day, morning, early, big, heavy, young, etc.) Have pupils give their own stimulus words for association and discussion of relationships.
   d. Analogy games: Teach verbal association to analogies such as: "In the morning it is light, in the evening it is__________." "Birds are in the sky and fish are in the_______________." "Fire is hot and ice is__________," etc.
   e. Descriptive analysis: Tell a brief one-paragraph story and then ask questions: "Did the boy run?" "Was the bicycle red?" etc.
   f. Logical analysis: Play question games with leading questions: "It is big, orange, and in the sky." "It has fur, whiskers, and chases mice," etc.
3. Integrative Activities
   a. Jokes and riddles: Teacher presents joke or riddle followed by verbal discussion of its meaning or solution given by pupil.
   b. Story discussion: Read aloud poems or part of a funny story such as Dr. Seuss books. Teacher writes discussion outline (Who? What? Where? When? Why? How?) on board and presents questions one at a time.
   c. Radio-television: Listen to selected programs and follow with verbal association activities.
   d. Programmed material: Read aloud selected lessons from the Continental Press, *Reading-Thinking Skills* series, and have pupils discuss.

e. Listening post reports: Have pupils listen to recorded stories and then follow up with both individual reports and panel discussions.

f. General conversation: Engage pupil in conversation regarding previous day's activities, present school work, hobbies, sports interests, etc. Tape record conversation and play back. Encourage and reward extended comments and vocal association to ideas.

SAMPLE PROGRAM

In program A, free association is stimulated: "Look at this picture and the word 'Christmas'—tell me everything you think about when I say 'Christmas.' "

Activity B uses pictures together with oral stimulus words: "What is the opposite of fast?" etc.

Project C involves stimulus incomplete sentences that are read aloud to the child who then repeats and completes the sentence.

Exercise D is an example of conversational leads for the stimulation of divergent thinking and verbal association.

All programs should be modified or extended to meet the needs of individual pupils.

REFERENCES

1. Related Programs
   - a. *Let's Listen: Auditory Training for Speech Development and Reading Readiness* (Record), Ginn and Co., Boston, Mass. 02117
   - b. *Song Dramatization for Children* (Record), Educational Record Sales, 500 S. Douglas Street, El Segundo, Calif.
   - c. *Reading-Thinking Skills* (Pre-primer through Grade 4 series), Continental Press, Inc., 367 S. Pasadena Avenue, Pasadena, Calif. 91105
   - d. *Riddles, Rhymes, and Stories*, Giant Activity Book
   - e. Hogan, Sister James Lorene, *The ABC of Auditory Training*, 1961, St. Joseph's Institute for the Deaf, 1483 Eighty-second Blvd., University City 14, Mo.
2. Instructional Materials
   - a. Walkie-talkie or real telephone sets
   - b. Listening post and earphones
   - c. John Tracy Clinic Correspondence Course for Parents of Little Deaf Children (for preschool parent education)
   - d. Jokes from newspapers, magazines, and joke books
   - e. Poetry and poem books
   - f. Dr. Seuss books: *The Cat in the Hat, If I Ran the Circus, On Beyond Zebra*, etc.
   - g. Tape recorder
   - h. Radio and television set
   - i. Selected science fiction stories for reading aloud and stimulating verbal association.
3. Further Evaluation
   - a. Wechsler Intelligence Scale for Children: Similarities Subtest
   - b. Detroit Verbal-Opposites Test
   - c. Incomplete Sentence Tests (Oral presentation)
   - d. Illinois Test of Psycholinguistic Ability: Auditory-Vocal Association Subtest
   - e. Teacher evaluation of conversational associations
4. General References
   - a. Herdy, Miriam Pauls, "Communication and Communication Disorders," *The Teacher of Brain-Injured Children*, William Cruickshank (ed.), 1966, pp. 131-136, Syracuse University Press, Syracuse, N.Y. 13210
   - b. Montessori, Maria, "Language and Knowledge of the World," *Dr. Montessori's Own Handbook*, 1965, pp. 123-131, Schocken Books Inc., New York, N.Y. 10016

SOCIAL SKILLS

PSYCHOEDUCATIONAL RESOURCE PROGRAM NUMBER **53**

Social Maturity

DEFINITION: The ability to assume personal and social responsibility.

ILLUSTRATION: Pupil is socially mature and independent, demonstrates appropriate citizenship, and assumes social responsibilities.

EDUCATIONAL RATIONALE: In order to foster social maturity, the school must provide opportunities for pupils to learn social expectations appropriate to their developmental level. Instruction and practice in the acceptance of responsibility and the obligations of good citizenship should be planned to guarantee increasing personal success.

SUGGESTED PROGRAM IDEAS

1. Primary School Years
   a. Provide basic instruction in personal responsibility for neatness and cleanliness. Show pupils how to select individual games and projects and pursue interest without disturbing others. Teach sharing and cooperative play and project work.
   b. Discuss proper behavior going to and from school and teach responsibilities of being a good neighbor. Review how to get around in the neighborhood and use stores, buses, parks, etc. Talk about family chores and have each pupil explain his family responsibilities.
   c. Develop class project for improving the school, such as lawn clean-up, arbor day plantings, safety patrol, etc. Use indoor plants and gardening with individual responsibilities. Bring in various pets and assign rotating responsibility.
2. Middle School Years
   a. Assign specific class duties and teach the importance of learning to carry out chores and responsibilities without constant reminding. Teach value of waiting in line quietly and taking turns. Discuss skills of how to greet and make new friends in school and neighborhood. Stress participation in school government.
   b. Talk about choosing and selecting proper clothes and simple management of money and allowances. Teach good study habits and how to successfully complete homework assignments and responsibilities. Have pupils consider ways to earn money, such as mowing lawns, special home jobs, paper routes, etc., and encourage exploratory work involvement.
   c. Assign pupils to run errands both in and out of school. Instruct in simple repair jobs such as mending books, replacing lost nuts and bolts, emptying vacuum cleaners, fixing flashlights, etc. Use stories (Indian stories, etc.) to investigate different concepts of manhood and maturity. Plan and carry out class picnic or camping trip with individual responsibilities.
3. Adolescence and Young Adulthood
   a. Discuss individual travel arrangements for visiting nearby points and distant areas. Promote vacation reports and planning. Arrange field trips to out of town places with specific pupil responsibilities. Write letters of inquiry, newspaper or magazine orders, and simple business correspondence.
   b. Visit industries, businesses, and possible work locations with follow-up pre-vocational study units. Help pupils investigate steps involved in preparing for actual work experience or specialized schooling (college, technical school, etc.). Encourage independent reading and projects to explore individual interests.
   c. Discuss civic responsibilities and visit city council and courts. Explore responsibilities involved in marriage and family life. Consider means of planning and providing for the future, including personal contributions to civic progress and social welfare. Discuss importance of current events and personal responsibilities of citizens in world affairs.

SAMPLE PROGRAM

Program A should involve pupils in listing the variety of family pets and discussing the responsibilities involved.

SURVEY OF PUBLISHED SCREENING INSTRUMENTS

	STRAND	DEFINITION*
8.	SELF-CONFIDENCE	Expressing oneself in situations requiring opinions, participation in classroom activities, and answering questions
9.	HONESTY	Demonstrating socially approved behaviors associated with taking another's property, accepting blame, recounting occurences, and producing own work
30.	SOCIAL SPEECH	Using socially appropriate language with regard to time, place, situation, and persons involved
31.	SOCIAL EATING	Using table manners during meals and cleaning up after eating
32.	ATTENTION SPAN	Focusing and maintaining attention upon tasks to be completed
33.	TASK COMPLETION	Completing assigned tasks and evaluating the product
34.	READING	Translating written symbols into their respective sounds and words through visual discrimination
35.	MATH	Using addition, subtraction, division, multiplication, sets, fractions, decimals, and percentages to solve math problems
36.	PRACTICAL MATH	Using arithmetic operations to tell time on the clock and calendar, to exchange money, and to measure lines, solids, liquids
37.	WRITING	Producing symbols of communication using eye-hand/finger skills
38.	SPELLING	Translating sounds and words into their respective written symbols through auditory discrimination
39.	REASONING	Organizing stimuli into similar groupings and making judgments related to these groupings
40.	MUSIC AND RHYTHMS	Developing behaviors associated with music and dance

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TASK COMPLETION

IDENTIFYING BEHAVIORS:

Starts or completes assignments rarely ● Delays or puts off starting assignments ● Works on assignment only when given individual directions/attention ● Stops work if any problem or interference is experienced ● Completes tasks in non-assigned order ● Consistently ignores instructive classroom stimuli (e.g., stares, looks out window, does not pay attention to tasks or teacher)

Date of observation ____________________

		1	2	3	4	5	6
1.0	Starts auditory, visual, kinesthetic task/assignment only with much reminding/ direction from teacher--continual attention/reinforcement						
2.0	Starts task before end of class period with little reminding--minimal attention/reinforcement						
3.0	Starts task before end of class period with no reminding--no attention/reinforcement						
4.0	Starts task (e.g., cleanup) at assigned time with some prompting						
5.0	Starts task at assigned time with no prompting						
6.0	Completes 0-10% of task only with conintual attention/reinforcement						
7.0	Completes 0-10% of task with some attention/reinforcement						
8.0	Completes 0-10% of task with little attention/reinforcement						
9.0	Completes 10-25% of task only with continual reinforcement/attention						
10.0	Completes 10-25% of task with some attention/reinforcement						
11.0	Completes 10-25% of task with little attention/reinforcement						
2.0	Completes 25-50% of task only with continual attention/reinforcement						

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☐	Behavior not displayed. No opportunity offered to pupil. Leave blank (e.g., all pupils are assisted aboard school bus as part of aide's routine).
—	Behavior not displayed. Pupil offered opportunities to display it (e.g., pupil allowed to get off bus by self, but does so only with assistance).
½	Behavior displayed a portion of the time but less than the 75% required incidence level (e.g., pupil gets off bus by self only when mother is watching).
✓	Behavior displayed at the required 75% incidence level without any physical or verbal assistance (e.g., pupil gets on and off bus by self at least 75% of the time).
H	Physical handicap prevents demonstration of this behavior (e.g., pupil with severe cerebral palsy does not get on and off bus by self). Used only if medical records and/or authorities are consulted and they indicate pupil will never be able to display the behavior.
E	The equipment/materials required to observe the behavior are unavailable (e.g., pupil in a residential facility which does not have access to a bus). Use only for large and/or expensive pieces of equipment. Most of the materials required to assess a pupil on the BCP are available from the classroom, the school or the district or county office.

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SCREENING:
REFERRAL

HANDOUT 1

REFERRAL FORM

Name ______________________________ Birthdate ______________ Age __________

School ______________________________ Grade ______________ Sex __________

Parents/Guardians ____

Address ____

______________________________________ Phone __________

Referred By ______________________________ Position ______________
(Signature)

Date Referral Received ____

Reason for Referral: ____

1) What is the specific behavior that led to this referral?

2) Under what conditions does the problem exist?

What do you see as this student's particular strengths?

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.)

5) What methods have you tried to solve the problem?

) Have you contacted the parents regarding the problem?

a) What was the result of the contact?

____
Principal's Signature

REFERRAL ISSUES

1) What is referral?

2) Who should be referred?

3) Who can refer a student?

4) How does the referral process work?

5) What information should be included on a referral form?

6) What records should be kept?

SOURCES OF REFERRALS

1) BUILDING PERSONNEL

2) PARENTS

3) PERSONS OUTSIDE OF THE SCHOOL

4) THE CHILD HIM/HERSELF

COMPONENTS OF A REFERRAL FORM

--IDENTIFYING INFORMATION ABOUT THE CHILD

--IDENTIFYING INFORMATION ABOUT THE REFERRING AGENT

--FUNCTIONAL DESCRIPTION OF THE PRESENTING PROBLEM
(Problem stated precisely)
(Focus on observable behavior)

--PROVISION OF SUPPORTIVE DATA, AS AVAILABLE

--INCLUSION OF INFORMATION ON LEARNER STRENGTHS

SCREENING
REFERRAL

T-4

REFERRAL FORM

me__________ Birthdate__________ Age__________

School__________ Grade__________ Sex__________

Parents/Guardians__________

Address__________

__________ Phone__________

Referred By__________ Position__________
(Signature)

Date Referral Received__________

Reason for Referral:__________

1) What is the specific behavior that led to this referral?

2) Under what conditions does the problem exist?

3) What do you see as this student's particular strengths?

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.)

5) What methods have you tried to solve the problem?

6) Have you contacted the parents regarding the problem?

  a) What was the result of the contact?

____
Principal's Signature

SCREENING
REFERRAL

T-5

REFERRAL FORM

me Jim Beam Jr. Birthdate 10-1-69 Age 10-3

School Franklin Grade 5 Sex M

Parents/Guardians Mr. & Mrs Jim Beam Sr.

Address Willow Creek Trailer Park
Anywhere, Wyoming Phone 1-307-236 1079

Referred By Angel N. Snow (Signature) Position 5th grade teacher

Date Referral Received

Reason for Referral: academic and speech problems; possible health problems

1) What is the specific behavior that led to this referral?
This child has been receiving failing grades all semester. In addition, he has been absent 30 days in a 6 month period. His handwriting is barely legible. He has frequent colds, fevers, etc.

2) Under what conditions does the problem exist?
School achievement has been below grade level since 3rd grade.

3) What do you see as this student's particular strengths?
He has a good auditory memory.

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.) The child is thin, restless, and appears to be undernourished. He wears glasses Opthalmologist's report states: right eye 20/20, left eye 20/40. Standardized testing in 3rd grade showed a grade lag of 1 year.

5) What methods have you tried to solve the problem?
We have arranged a paraprofessional tutor to help him with math and reading. He works better on the one to one setting.

6) Have you contacted the parents regarding the problem? yes

a) What was the result of the contact?
They want to get help for him. They say that whatever the school decides it's fine with them.

Principal's Signature

MULTIDSCIPLINARY ASSESSMENT:
OVERVIEW

STEPS IN IMPLEMENTING MDA

1. DETERMINE MAJOR QUESTIONS TO BE ANSWERED AS A RESULT OF ASSESSMENT.
2. SELECT MDA TEAM MEMBERS TO CONDUCT ASSESSMENTS WHICH CAN ANSWER THE QUESTIONS.
3. DETERMINE ASSESSMENT STRATEGIES TO ANSWER MDA QUESTIONS.
4. OBTAIN PARENTAL CONSENT.
5. CONDUCT ASSESSMENT.
6. SUMMARIZE RESULTS.
7. WRITE A COMPREHENSIVE REPORT.

MULTIDISCIPLINARY ASSESSMENT: PROTECTION IN EVALUATION PROCEDURES

H-1

MDA

PROTECTION IN EVALUATION PROCEDURES

HANDOUT 1

121 a. 532 EVALUATION PROCEDURES

State and local educational agencies shall insure, at a minimum, that:

(a) Tests and other evaluation materials:

(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so.

(2) Have been validated for the specific purpose for which they are used; and

(3) Are administered by trained personnel in conformance with the instructions provided by their producer;

(b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;

(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure).

(d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and

(e) The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

(f) The child is assessed in all areas related to the suspected disability, including where appropriate health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

HANDOUT 2

PROTECTION IN EVALUATION PROCEDURES

REFERRAL FORM

Name Orlando Huerta Birthdate 1-1-71 Age 9-1

School Franklin Elementary Grade 3 Sex M

Parents/Guardians Mr. + Mrs Jaime Huerta

Address 327 Broken Oak - Willow Creek Trailer Park
Anywhere, Wyoming Phone None

Referred By Jennifer St. Alphonse (Signature) Position 3rd grade teacher

Date Referral Received

Reason for Referral: Behavior and academic problems

1) What is the specific behavior that led to this referral?
Orlando is disruptive in class, he destroys school property (books, pencils, etc). He refuses to do what he is requested to do. he starts fights with the other children

2) Under what conditions does the problem exist?
Whenever he is asked to read or do math, he throws his books or rips up his worksheet papers.

) What do you see as this student's particular strengths?
Orlando has very good motor skills, his manipulative ability is good. He does well when given concrete objects for solving problems.

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.) His parents are Mexican American Both English and Spanish is spoken in the home Mother works in a cafe and father is a ranch hand. His Achievement tests scores (SRA) for the past two years have been below grade level. He was socially promoted last year after receiving failing grades.

5) What methods have you tried to solve the problem?
I have used spanking to control his behavior and have frequently sent him to the principal's office. I have put him in a reading and math group by himself

6) Have you contacted the parents regarding the problem? yes

a) What was the result of the contact?
They agree that there is a problem and they want the school to do something.

James King
Principal's Signature

HANDOUT 3

Procedural Steps to Ensure Protection in Evaluation

1.______________________________

2.______________________________

3.______________________________

4.______________________________

5.______________________________

6.______________________________

7.______________________________

8.______________________________

HANDOUT 4
(ANSWER SHEET)

Procedural Steps to Ensure Protection in Evaluation

1. Determine the primary language of the home.
2. Conduct the evaluation in that language.
3. In selecting tests make sure that the student's age, socio-economic status and ethnic group are represented in the sample.
4. Select tests which measure educational need not only thos which measure general intelligence.
5. Conduct the evaluation using a multidisciplinary team.
6. Make sure that the team members have received training in the use of the tests.
7. Administre more than one test.
8. Assess the student in all areas related to the suspected disability.

121a.530 GENERAL

(a) Each state educational agency shall insure that each public agency establishes and implements procedures which meet the requirements of 121a.530-121a.534.

(b) Testing and evaluation materials and procedures used for the purpose of evaluation and placement of handicapped children must be selected and administered so as not to be racially or culturally discriminatory.

121a.531 PREPLACEMENT EVALUATION

Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full and individual evaluation of the child's educational needs must be conducted in accordance with the requirements of 121a.532.

121 a. 532 EVALUATION PROCEDURES

State and local educational agencies shall insure, at a minimum, that:

(a) Tests and other evaluation materials:

(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so.

(2) Have been validated for the specific purpose for which they are used; and

(3) Are administered by trained personnel in conformance with the instructions provided by their producer;

(b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;

(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure).

(d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and

(e) The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

(f) The child is assessed in all areas related to the suspected disability, including where appropriate health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

MULTIDISCIPLINARY ASSESSMENT: SOURCES OF BIAS IN EVALUATION

HANDOUT 1

EL PERIODO GOTICO Y LA INVASION MUSULMANA

"Al principio del siglo cinco DC, Roma está en decadencia. Guerras continuas, tanto internas como externas, desangran la nación, y el énfasis en el lujo debilita el espíritu del pueblo. Godos, visigodos, y otras tribus germánicas atacan sus fronteras, y los romanos, antes amos absolutos del mundo occidental, no pueden defenderse. Deciden pactar con los invasores, pero la paz dura muy poco tiempo. En 409 (cuatrocientos nueve), los feroces hunos, de origen asiático, invaden Europa, y los godos tienen que buscar refugio. Rompen las fronteras del imperio romano, cruzan los Alpes y los Pirineos, y toman posesión del vasto territorio de los Césares."

Preguntas:

1. ¿Por qué está decadente Roma al principio del siglo cinco?
2. ¿Quiénes son los godos? ¿Por qué invaden España? ¿En qué año empieza la invasión de los godos?

HANDOUT 2

PROBLEM 1

THIS PROBLEM IS CORRECT ACCORDING TO THE RULES OF POLAR ALGEBRA

$$\begin{array}{cccc} 8 & 7 & 8 & 7 \\ \hline E & 2 & G & 1 \\ E & F & C & G \end{array}$$

SOLVE THIS PROBLEM

$$\begin{array}{c} \boxed{?} \\ \hline G \\ D \end{array}$$

PROBLEM 2

THIS PROBLEM IS CORRECT ACCORDING TO THE RULES OF POLAR ALGEBRA

$$\begin{array}{cc|c} 6 & 1 & 5 \\ 2 & 6 & 6 \\ 5 & 2 & 2 \\ 4 & 4 & 0 \end{array}$$

SOLVE THIS PROBLEM

$$\begin{array}{cc|c} 6 & 3 & \boxed{?} \end{array}$$

Materials taken from: Informal diagnosis and prescriptive programming A follow-up workshop. Midwest Regional Resource Center, 1976.

Strategies for Minimizing Sources of Bias in Evaluation

Source of Bias	Strategies for Minimizing bias	Guidelines/Resources
Socio Cultural Bias 1. Cultural Background	Become as familiar as possible with the student's ethnic background and culture. If possible conduct a home visit.	Handout 4 Practical Considerations in the Intercultural Home Visit
2. Language	Use a formal test to identify child's native or dominant language. Administer tests in that language if translations are available, if not secure an interpreter. If neither strategies are workable, screen for minimum language functioning and do not test any child who does not have the necessary language skills to perform on the test. Otherwise use diagnostic teaching and instruction in English as a second language and test the student after proficiency in English has been acquired.	Handout 5 Tests of Language Dominance Handout 5 Request for an Interpreter Handout 7 Form for Documenting Potential Sources and Effects of Sociocultural and Language Bias
3. Adaptive Behavior	Assess adaptive behavior. The Adaptive Behavior Inventory for Children by Mercer has norms for Anglo, Black and Hispanic children. This test is part of a test published by the Psychological Corporation called SOMPA. Another strategy would be to use a subcultural advisory group to identify pertinent expectations for adaptive behavior in their subculture and to consider these expectations during the process of interpreting evaluation data and making recommendations.	Mercer, Jane R. System of Multicultural Puralistic Assessment Psychological Corporation 757 Third Avenue New York, NY 10017 Training prior to using this instrument is strongly recommended and must be obtained from Mercer's corporation.

Strategies for Minimizing Sources of Bias in Evaluation

Source of Bias	Strategies for Minimizing Bias	Guidelines/Resources
Bias in Child Characteristics 1. Health & Nutrition	Evaluation should be undertaken cautiously with these considerations in mind or delayed until correctable conditions have been treated.	
2. Handicapping Conditions	When an assessment is done on a student with impaired sensory, manual, or speaking skills, some accommodation must be made through the modality which remains in tact.	Handout 8 Impairments, Communication Modes and Methods of Accommodating the Handicapped in Evaluation. Handout 9 Examiner Communication Modes, Child Modality Requirements and Handicaps Accommodation for Tests of Intelligence.
Bias in Test Selection Item Bias Technical Inadequacy	Questions to be answered before selecting a test include these: 1) How many items are there? Some tests have too few. 2) What is the item content? Does it measure what you want it to? 3) Is the child's behavior measured in the home, the classroom, or is it generalized to all settings? 4) What language (or languages) is (are) used? 5) In what modes of communication is the test available? 6) What response modalities are used? 7) How adequate is the reliability? 8) How adequate is the validity? 9) What is the size and composition of the norm group? Is it adequate? 10) What type of test is it--norm referenced, criterion referenced, observation, Piagetian?	Handout 10 Evaluating Tests for Cultural Appropriateness Handout 11 Evaluating Tests for Technical Adequacy

Strategies for Minimizing Sources of Bias in Evaluation

Source of Bias	Strategies for Minimizing Bias	Guidelines/Resources
Examiner Bias	To avoid bias, the best precaution is adequate, professional preparation and training supervised experience, and periodic renewal of professional skills.	Handout 12 Characteristics of the Examiner A.P.A. Standards for Educational and Psychological Tests (1974)
1. Test Administration	Become thoroughly trained in a professional specialty area dealing with evaluation. Take note of significant situational interference that arises during the course of testing and is not anticipated. Avoid testing at the wrong time of day, at regularly scheduled naps and lunch times, recess, or late afternoon as this may reduce a child's motivation. Consider the appropriateness of the testing materials. Avoid conducting sessions which exceed the child's ability to work effectively.	Handout 13 Checklist for Identification of Potential Bias during Administration
2. Test Scoring	Note ambiguous answers and unique, creative or unusual answers or other aspects of responses that might relate to cultural or personal considerations of the child. Avoid errors in establishing basals and ceilings, allowing credit for items, computing age and interpreting and adding scores.	Handout 13
3. Test Interpretation	Compare scores to other socio-cultural data, adaptive behavior information (where appropriate), characteristics of the child, characteristics of the test, characteristics of the examiner, situational interference, and interaction with the child or respondent. Try to determine if the child's performance is representative and approximate of his/her potential. Verify test results with data from other tests or judgements by the child's teacher as to expected level of work in school.	Handout 14 Checklist for Identification of Potential Bias during Administration

Practical Consideration in the Intercultural Home Visit.

The translation of intercultural awareness into intercultural skill takes both training and practice. Thus, there are no real substitutes for the acquisition of culture-specific information, intercultural field experiences, and language skills (See Appendix C--Intercultural Skills Training Resources). However, the following discussion represents an initial attempt to focus the attention of the home visitor and the assessment team on some problem areas identified by intercultural experts from black, Native American, Latino, and Asian cultures. The following "do's" and "dont's" represent a summary of suggestions from these intercultural experts and other sources familiar with intercultural experiences in education and counseling. Hopefully, these suggestions will serve as a point of departure for assessment team members new to culturally appropriate assessment.

DO's

1. Describe a child's specific problem behaviors, rather than applying labels. The reason for this "do" was aptly stated by the minority mother who said to a school representative, "Before you came along my child was OK. Now he's retarded." Avoidance of labels and other jargon also will help prevent misunderstandings.

2. Adjust to the level of formality expected by the culture. Some cultural groups like formality; some do not. This "do" applies to dress as well; while one cultural group may be pleased when the visitor appears in a business suit or tweed skirt (instead of jeans), formality of dress may set up a barrier with parents of other cultures.

3. Get feedback. Encourage the child's parents to describe in their own terms the reasons the child seems to require services. This will not only help gain their cooperation, but will help ensure that truly informed parental consent is obtained.

4. Modulate your voice according to the volume and pitch used by the parents. In some cultures a parent may perceive the loud volume of your voice as overbearing; in others, a parent may interpret a lowered pitch as having an angry connotation.

5. If you must make a negative remark, surround it with positive statements: "Sandy is making many friends. She is having trouble with numbers, but she works very hard." This will prevent the parents from generalizing total failure on the part of a child based on one or two instances of behavior.

6. Show interest in the digressions, stories, and sayings of the family and allow time for these interactions. As mentioned, they can provide a good source of diagnostic information as well as helping to establish mutual rapport.

7. Consider letting the parent establish both the pace and content of the initial home visits. Taking enough time will also help to establish good rapport.

8. Be sensitive to costs to the family which may occur as a result of the visit or a proposed diagnostic or prescriptive procedure. Schedule home

visits to avoid work loss for the parent, and attempt, where possible, to obtain public funding for expensive services such as psychiatric work-ups neurological exams, or physical therapy.

9. Identify and articulate a family's positive attributes and strengths. This will not only gain more support from the parents, but will contribut to an accurate diagnosis of the child.

10. Learn about the community support or extended family systems in cultural groups where these systems are important. Seek out ways to enlist the support of these systems for diagnostic and instructional purposes.

11. Make your responses show that you understand and value the parent's opinions. Often, this can be accomplished simply by paraphrasing parent's remarks.

12. Show actual school materials to the parents whenever possible. This will help to demystify the school environment.

13. Accept hospitality if offered. Often eating or sipping tea or coffee with the child's parents is the best of all possible ice-breakers.

14. Always make an appointment. Simply dropping in may give the parents the impression that you are checking up on them.

15. Be prepared to use the language of the family. This is very important. Preliminary data suggest that the presence of interpreters inhibits both

the formation of trust that occurs in one-on-one situations and the accuracy of the communication.

After exchanging greetings, clearly state the purpose of your visit, put the parents at ease, and find a topic of conversation which both expresses your interest in the family and allows the parents an opportunity to contribute. For example, a migrant worker might find it easy to discuss weather and the crops. Remember, however, that a parent may not be flattered by your interest in his/her cultural background; instead, he/she may wish to minimize cultural differences.

Try to identify a family's reinforcers and use them to elicit cooperation. Reinforcers are diverse. What is reinforcing for one culture or family is not necessarily reinforcing for another.

Elicit and deal with parents' concerns about the school. For example, a father who maintains close control over his children may believe that his daughter needs a chaperone at school dances, or that the child should not leave the neighborhood school for a field trip. A careful explanation of the school's policies and safeguards in these and similar instances may help change the parents' attitude.

Above all, be patient. Given the many potential barriers to intercultural communication, patience is of the utmost importance in the home visit. The interviewer who, through his/her impatience, manages to alienate the child's family may never have a second chance to establish mutual trust.

DON'Ts

1. Don't assume that academic education is a universal value. This type of education may threaten traditional values and family structure in some cultural groups. On the other hand, other cultural groups view the school as an extension of the family and repose a great deal of trust in it.

2. Don't assume that the educational level in a particular cultural group is likely to be high or low. There exist broad educational diversities in every culture. Moreover, it is dangerous to generalize about a family's level of education from their housing or employment status. Highly educated, newly arrived refugees, for example, may hold comparatively low paying jobs and may be living in low-income housing.

3. Don't assume that all minorities want to be assimilated. While some cultural groups pride themselves on their full assimilation, many others prefer to preserve their cultural identities.

4. Conversely, don't assume that all minorities want to retain their cultural identities. In the event that they don't, emphasis on cultural differences may alienate the child's parents.

5. Don't assume that constructive criticism of the child necessarily will be well received. In some cultures, any criticism may shame the family.

6. Don't assume that the family understands that no cost is involved in special school services. Many interviewers have found that the initial

resistance expressed by a family was erased when this issue was clarified.

7.. Don't assume that both parents together constitute the best source of information about a child. One or the other may be the official family spokesperson in a given culture, or family lines of authority may dictate that one may not speak freely in the other's presence.

8. Don't attack the parent beliefs, no matter how negative you perceive their impact on the child to be. Over time it may be possible to gain parental consent for interventions that contravene traditional beliefs if you focus exclusively on instances of behavior and their consequences instead of on ideology.

9. Don't renege on your word. In many cultures a promise has the force of a contract. Make your word your bond.

10. Don't push for answers if a family shows reluctance to give them. Skepticism or family pride may prevent discussion of problems with strangers.

HANDOUT 5

BIBLIOGRAPHY OF LANGUAGE DOMINANCE MEASURES

* Denotes that an annotation for the instrument is included in:

Oakland, T. (Ed.) *Psychological and Educational Assessment of Minority Children*. N.Y.: Brunner/Mazel, 1977, Appendix H, pp. 196-231.

*1. *Basic Inventory of Natural Language* (BINL), 1974.

Chess and Associates, Inc.
Educational Systems and Services
P.O. Box 833
San Bernardino, California 92401
(714) 885-0763

*2. *Basic Language Competence Battery* (BLCB), 1972.

Edward J. Cervenka
617 West End Avenue
Suite 9-A
New York, New York 10024
(212) 724-0160

*3. *Bilingual Syntax Measure*, 1975

New York: Harcourt-Brace-Jovanovich, Inc.

4. *Carrow Elicited Language Inventory*, 1974.

Learning Concepts
2501 N. Lamar
Austin, Texas 75705

5. *Diagnostic Sound Test*, 1968.

Golden West Publishing House
Box 1222
Huntington Beach, California 92647

*6. *Dos Amigos Verbal Language Scale*, 1974.

San Rafael: Academic Therapy Publications

*7. English and Spanish Phonemic Unit Production Tests, 1972.

R. V. Skoczylas
7649 Santa Inez Court
Gilroy, California 95020

*8. Gloria and David - Oral Bilingual Test, 1958.

Language Arts, Inc.
3102 Maywood Avenue
Austin, Texas 78703
(512) 451-5365

*9. Hoffman Bilingual Schedule, 1934.

New York: Teachers College Press

*10. Home Bilingual Usage Estimate, 1971.

R. V. Skoczylas
7649 Santa Inez Court
Gilroy, California 95020

*11. James Language Dominance Test, 1974.

Learning Concepts
2501 N. Lamar
Austin, Texas 75705

12. Language Assessment Battery (LAB), 1976.

Board of Education of the City of New York
Office of Educational Evaluation
110 Livingston Street
Brooklyn, New York 11201

13. Language Assessment Scales, 1975.

Linguametrics Group
#1 Hatzic Ct.
Larkspur, California 94939
(415) 924-2115

*14. Language Dominance Index Form, 1973.

California State Department of Education
721 Capitol Mall
Sacramento, California 95814

*15. Language Facility Test, 1965.

The Allington Corporation
801 N. Pitt Street #701
Alexandria, Virginia 22314

*16. Linguistic Capacity Index, 1964.

Southwest Educational Development Laboratory
211 East Seventh Street
Austin, Texas 78701

*17. Mat-Sea-Cal, 1974.

Center for Applied Linguistics
815 4th Avenue North
Seattle, Washington 98109

*18. Michigan Oral Language Test, n.d.

Michigan Department of Education
Evaluation Director
Michigan Migrant Primary Interdisciplinary Project
3800 Packard Road
Ann Arbor, Michigan 48104

*19. Oral English Proficiency, 1971.

Moreno Educational Company
7050 Belle Glade Lane
San Diego, California 92119

*20. Oral Language Evaluation (Olé), 1975.

D. A. Lewis Associates, Inc.
7801 Old Branch Avenue, Suite 201
Clinton, Maryland 20735

*21. Perfil, 1974.

Educational Service Center
7703 N. Lamar
Austin, Texas 78752

*22. Pictorial Test of Bilingualism and Language Dominance, 1975

South Texas Testing Service
P.O. Box 804
Corpus Christi, Texas 78403

*23. Primary Acquisition of Language (PAL), 1975.

Board of Education, El Paso, Texas Public Schools

*24. Pupils Language Usage Inventory, n.d.

Brooks Consolidated ISD
Box 589
Falfurias, Texas 78355

*25. Screening Test for Auditory Comprehension of Language, 1973.

Learning Concepts Inc.
2501 North Lamar Blvd.
Austin, Texas 78705

*26. Southwestern Cooperative Education Laboratory Test of Oral English, 1974.

Southwestern Cooperative Educational Laboratory
220 Truman NE
Albuquerque, New Mexico 87108

27. Spanish/English Language Performance Screening, 1976.

Southeast Educational Development Laboratory
Austin, Texas

*28. Spanish Test of Oral Proficiency, 1971.

Bay Area Bilingual Education League Media Center
1033 Heinz Street
Berkeley, California 94710
(415) 849-3191

*29. Test for Auditory Comprehension of Language English/Spanish, 1973.

Urban Research Group
306 West 16th
Austin, Texas 78701

30. Test of Gramatically-Correct Spanish and English: Student Spontaneous Interaction Checklist

Las Cruces School District
Las Cruces, New Mexico
(505) 526-3341

*31. Test of Language Dominance (TOLD), 1975.

Southwest Research Associates, Inc.
P.O. Box 4092
Albuquerque, New Mexico 87106
(505) 266-5781

*32. Tucson Public School Language Assessment, n.d.
Tucson Public Schools
P.O. Box 4040
1010 East Tenth Street
Tucson, Arizona 85717
(602) 791-6138

HANDOUT 6

REQUEST FOR INTERPRETER/TRANSLATOR

PURPOSE: All communication with parents of children referred for service or receiving service should be conducted in the primary language of the home. If it is determined that the language is other than English and that an interpreter/translator is needed to facilitate communications between school personnel and the parents and/or the child, then this form should be completed and submitted to the appropriate person or agency. A copy should be maintained on file.

1. CHILD'S NAME: ____________________

PARENT'S NAME: ____________________

ADDRESS: ____________________
Number Street

____
City State Zip Code

2. The preferred language of the home is ____________________

3. An interpreter/translator will be needed for the following:

☐ Prior Notice
☐ Consent for evaluation
☐ Parent/Teacher Conference
☐ Development of IEP
☐ Annual Review of IEP
☐ Review of Records
☐ Hearing Procedures

4. An interpreter/translator is needed on the following date(s):

____

____

____

____

5. Person(s) initiating request:

____

____

____

HANDOUT 7

Form for Documenting Potential Sources and Effects of Sociocultural and Language Bias

Source of Bias	*Implications for Evaluation*
_____ Income level	_____________________
_____ Educational level	_____________________
_____ Occupational level	_____________________
_____ Prior educational experience	_____________________
_____ Prior test experience	_____________________
_____ Regional or neighborhood characteristics	_____________________
_____ Minority group or cultural characteristics	_____________________
_____________________	_____________________
_____________________	_____________________
_____________________	_____________________

Other Considerations

_____________________	_____________________
_____________________	_____________________

Dominant Language or Dialect
(If other than English) _____________________

Name of language measure used _____________________

Name and address of Examiner or Translator fluent in that language or dialect _____________________

____

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HANDOUT 8

Impairments, Communication Modes, and Methods of Accommodating the Handicapped in Evaluation

Impairment	*Nature of Impairment*	*Mode of Communication*	*Method of Accommodation in Evaluation*
Health	Limited strength, vitality, or alertness which adversely affects educational performance	Usual modes	Testing of limits procedures: repeat presentations, extend time requirements, cueing, contingency reinforcement
Sensory			
Deaf, hard of hearing	Hearing[a]	Manual, oral, or simultaneous (both)	Visual presentation
Visually handicapped, blind	Vision[a]	Spoken language Braille	Auditory presentation Tactile presentation
Deaf-blind	Multiple[a] sensory	[b]	[b]
Performance			
Orthopedic	Physically disabled[a]	Verbal or gestural	Minimize manual dexterity performance requirements
Speech	Communication disorder, stuttering, misarticulation, language, or voice impairment[a]	Manual	Minimize speech performance requirements
Other			
Specific learning disability	Disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, or do mathematical calculations (excluding problems due to visual, hearing or motor handicaps, mental retardation, environmental, cultural or economic disadvantages)[a]	Least affected modalities	Evaluation through intact modalities
Seriously emotionally disturbed	One or more of the following characteristics exhibited over a long period of time and to a marked degree: 1. An inability to learn not explained by intellectual, sensory, or health factors 2. An inability to build or maintain satisfactory interpersonal relationships with peers and teacher 3. Inappropriate types of behavior or feelings under normal circumstances 4. A general pervasive mood of unhappiness or depression, or 5. A tendency to develop physical symptoms or fears associated with personal or school problems (excluding children who are socially maladjusted unless they are also seriously emotionally disturbed)[a]	None specific	Examiner patience, tact, diplomacy and understanding, extended sessions; nonverbal tests; personality tests

Impairment	*Nature of Impairment*	*Mode of Communication*	*Method of Accommodation in Evaluation*
Mentally retarded	Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period[a]	None specific	Assessed directly by measures of intelligence and adaptive behavior
Multi-handicapped	Concomitant impairments so severe that the educational problems caused cannot be accommodated in special education programs solely for one of the impairments (excluding the deaf-blind)[a]	b	b

---

Note: Impairments are the categories of handicapped children designated in the *Federal Register* with two of the eleven original categories, "Deaf" and "Hard of Hearing" combined (August 23, 1977, pp. 42478–42499).

[a] Adversely affecting educational performance.

[b] Regional centers exist for diagnosis and education; referral might be made to a center for evaluation (Kirk, 1972).

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Examiner Communication Modes, Child Modality Requirements, and Handicap Accommodation for Tests of Intelligence

Test	*Communication Modes (Examiner)*	Sensory Modalities		Performance Modalities		*Handicap Accommodation*
		Visual	Auditory	Verbal	Manual	
Arthur Adaptation of the Leiter International Performance Scale	Manual demonstration	X			X	Deaf; speech impaired
Columbia Mental Maturity Scale	Spoken language *or* manual demonstration	X			X	Deaf; speech impaired; orthopedically handicapped
Full Range Picture Vocabulary Test	Spoken language	X	X		X	Speech impaired
Gesell Developmental Schedules	Spoken language and manual demonstration	X	X	X	X	
Hiskey-Nebraska Test of Learning Aptitude	Manual demonstration and/or spoken language	X			X	Deaf; speech impaired
Kahn Intelligence Test	Spoken language		X	X		Blind and visually impaired
McCarthy Scales of Children's Abilities	Spoken language and manual demonstration	X	X	X	X	
Peabody Picture Vocabulary Test	Spoken language	X	X		X	Speech impaired; orthopedically handicapped
Pictorial Test of Intelligence	Spoken language	X	X		X	Speech impaired; orthopedically handicapped
Porteus Maze Test	Manual demonstration and/or spoken language	X			X	Deaf; speech impaired
Quick Test	Spoken language	X	X		X	Speech impaired; orthopedically handicapped
Stanford-Binet Intelligence Test	Spoken language and manual demonstration	X	X	X	X	
a. Sattler Modification for Orthopedically Handicapped	Spoken language and manual demonstration	X	X		X	Speech impaired; orthopedically handicapped

Test	Communication Modes (Examiner)	Sensory Modalities		Performance Modalities		Handicap Accommodation
		Visual	Auditory	Verbal	Manual	
Wechsler Adult Intelligence Scale	Spoken language and manual demonstration	X	X	X	X	
Wechsler Intelligence Scale for Children (WISC)	Spoken language and manual demonstration	X	X	X	X	
a. Sattler Modification for Orthopedically Handicapped	Spoken language and manual demonstration	X	X		X	Speech impaired; orthopedically handicapped
WISC-Revised	Spoken language and manual demonstration	X	X	X	X	
Wechsler Preschool and Primary Scale of Intelligence	Spoken language and manual demonstration	X	X	X	X	
Slossom Intelligence Test	Spoken language and manual demonstration	X	X	X	X	

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Evaluating Tests For Cultural Appropriateness

	YES	NO
1. Is the content culturally appropriate?		
a. Are the skills necessary for success on this instrument directly related to the assessment objectives?		
b. Considering what you know about this student, can you say that items or illustrations on this instrument do not represent unfamiliar or misleading content?		
c. Considering what you know about this student, can you say that the items on this instrument are free of unfamiliar or conflicting values?		
d. Does the test manual or research literature report no differences in performance which are related to sex or sociocultural background?		
e. Will the information being obtained from this instrument easily assist in defining instructional interventions for this student?		
2. Is the language appropriate?		
a. Is this instrument free of vocabulary that is colloquial, regional and/or archaic?		
b. In assessing abilities other than language, does this instrument avoid heavy reliance on receptive and expressive English language ability?		
c. Is there a parallel form of the instrument available in this student's native language or dialect?		
d. If there is a parallel form, are the items equivalent in difficulty and intent to the English version?		
e. Is there someone available to administer the test in the child's native language?		
3. Are the prerequisite skills demands appropriate? Such as:		

- reading level of questions/directions?
- ability to work rapidly?
- understanding of answer selection and marking procedures?
- others?

MDA
SOURCES OF BIAS

HANDOUT II

Evaluating Tests For Technical Adequacy

H-24

		YES	NO
1. Does the test author describe the specific purposes for which the test is designed?	(essential)	____	____
2. Are warnings given concerning common misuses of test results?	(essential)	____	____
3. Are the limitations of the test carefully described in the manual?	(desirable)	____	____
4. Has the test been recently standardized or restandardized?	(desirable)	____	____
5. Does the author describe the group on whom the test is standardized in terms of:			
a. geographical region	(essential)	____	____
b. sex	(essential)	____	____
c. socioeconomic status	(essential)	____	____
d. age and/or grade	(essential)	____	____
e. number	(essential)	____	____
f. specific handicapping conditions	(essential)	____	____
g. ability level	(essential)	____	____
6. Has the individual you are testing had *comparable* (though not necessarily identical) background experiences as those in the standardization group?	(essential)	____	____
7. Are the behaviors sampled by the test clearly described?	(essential)	____	____
8. Are the test directions sufficiently clear and straight forward so as to minimize confusion in administration and scoring?	(essential)	____	____
9. Does the test author provide evidence for the reliability of the test in terms of:			
a. internal consistency	(desirable)	____	____
b. test-retest reliability	(essential)	____	____
c. alternate form reliability	(desirable)	____	____
10. Are standard errors of measurement (SEM) provided for the test and each of its subtests?	(essential)	____	____
11. Does the author provide data regarding the SEMs of the test for each age/grade level and for specific sub-populations?	(desirable)	____	____
12. Are the procedures and samples used to determine reliability adequately described?	(essential)	____	____
13. Is the reliability sufficient to use the test for decision-making (such as placement)?			
a. $r_{XX} > .90$	(desirable)	____	____
b. $r_{XX} > .80$	(essential)	____	____
14. Are the reliability studies sufficient to assure you that the test is a reliable measure of the behaviors it is designed to sample?	(essential)	____	____
15. Does the author provide evidence of validity for each specific purpose for which the test is designed?	(desirable)	____	____
16. If the test is an achievement test:			
a. Is there evidence for content validity (i.e., evidence that the test measures the content it claims to measure)?	(essential)	____	____
b. Is the content measured relevant to the curriculum used with the children you are testing?	(essential)	____	____
c. Are the behaviors sampled by the test representative of the wide range of behaviors which could be sampled?	(desirable)	____	____

17. Does the test manual furnish information regarding the predictive validity of the test, stating how well the test correlates with potential achievement or development? (essential) ______ ______

18. Does the test manual furnish information regarding the test's concurrent validity, stating how well it correlates with other tests or measures which sample the same behaviors? (essential) ______ ______

19. Does the test manual present evidence of validity for each kind of inference that could be made about the child using test data? (desirable) ______ ______

20. Has the publisher found the content of the test to be equally familiar across cultural groups? (desirable) ______ ______

21. Is the syntax, at least of the verbal test items, in common standard English, instead of complex, formal, "super-standard" English (e.g., "However, in and of itself," Gates-MacGinitie Comprehension Subtest — D, Form 1)? (essential) ______ ______

22. Do the test items take into account differences in values and adaptive behavior across subgroups (e.g., without penalizing children from those groups where violent solutions to interpersonal conflicts are encouraged and preferred)? (desirable) ______ ______

23. Are the test items relatively free of vocabulary items that have different meanings for different cultural groups? (desirable) ______ ______

HANDOUT 12

Characteristics of the Examiner

			YES	NO
1.	Am I familiar with the cultural experience of the child being tested?	(desirable)	____	____
2.	Do I have general knowledge of the child's community culture?		____	____
3.	Do I have general knowledge of the cultural expectations of the child's community (educational, vocational, social.)		____	____
4.	Can I select appropriate instruments for the assessment process, understanding and utilizing the guidelines of validity, reliability, etc.?		____	____
5.	Can I apply a sufficient grouping of instruments to insure a valid measurement of learning skills?		____	____
6.	Am I sufficiently familiar with the test instructions to attend to the child's behavior, rather than to the instruction for the next activity?	(essential)	____	____
7.	Has a referral process been followed that results in complete and accurate culture-fair referral information being available to the assessment process?		____	____
8.	Am I able to establish rapport with the child being tested?	(essential)	____	____
9.	Am I sufficiently aware of the child's behavior (such as facial expression, attending behavior and interest) to determine the child's understanding of the test demands?	(essential)	____	____
10.	Can I separate my experiential background (and resulting prejudices) from that of the student?		____	____
11.	Am I relatively free of expectations and attitudes which might affect the child's approach to the tasks presented?	(desirable)	____	____
12	Am I aware of the manner in which the child's unique use of language can affect his or her response to test items?		____	____

HANDOUT 13

Checklist for Identification of Potential Bias during Administration

Name ______________________________ School ______________________________
Examiner ______________________________ Date ______________________________

Potential Examiner Bias *A check (✓) indicates potential bias.*

______ Training (Lack of skills and/or handicapping conditions)
______ Language/Mode (Lack of language and/or mode of communication needed by the examiner with this child.)
______ Lack of experiences testing similar types of children: age, cultural group, handicapping conditions
______ Biased attitude toward particular cultural groups
______ Knowledge of alternative measures

Situational Interference

______ Time of day
______ Distractions
______ Testing Materials (color, size, etc.)
______ Inadvertent use of cues such as position cues/position of materials
______ Length of session
______ Comfort and accessibility of materials
______ Order of assessment activities

Interaction between Examiner and Child/Respondent

______ Lack of rapport
______ Failure to obtain and maintain attending behavior
______ Failure to maintain child's optimum effort
______ Inadequate communication (mode, manner, language)
______ Dress and/or mannerisms of examiner (distracting, unique)
______ Questionable knowledge and candor of interviewee

Checklist for Identification of Potential Bias during Scoring

______ Ambiguous answers
______ Unique, creative, unusual answers
______ Other (describe) ______________________________

Procedural Reminders to Avoid Errors

______ Check ceiling and basal limits
______ Check item credits
______ Check addition
______ Check interpolation
______ Check age

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HANDOUT 14

Checklist for Minimizing Bias during Interpretation of Results

Name ______________________________ School ______________________________

Examiner ______________________________ Date ______________________________

Examine Child's Score *A check (√) indicates potential bias*

- ______ Compare them to the adaptive behavior information
- ______ Look for characteristics of the child which might bias or influence the results such as:
  - ______ native, language
  - ______ age, health, nutrition
  - ______ handicapping conditions
  - ______ mode of communication
  - ______ sensory and performance modalities
- ______ Look for characteristics of the tests and techniques which might bias or influence the results, such as:
  - ______ purpose
  - ______ communication modalities (a) child-test (b) child-examiner
  - ______ norms
  - ______ reliability and validity
  - ______ type of measure
  - ______ relevance of items
  - ______ scoring criteria
  - ______ type of scores
- ______ Look for characteristics of the examiner which might bias or influence the results, such as:
  - ______ appropriate training
  - ______ communication mode and language
  - ______ previous experience
  - ______ attitudes
  - ______ skills
  - ______ knowledge
- ______ Look for conditions within the assessment situation which might bias the performance
  - ______ time of day
  - ______ distractions
  - ______ testing materials
  - ______ inappropriate use of cues
  - ______ length of session
  - ______ comfort and accessibility of materials
  - ______ order of assessment activities
- ______ Look for conditions between the examiners and child which might bias the performance
  - ______ rapport
  - ______ attending behavior
  - ______ initial success or failure
  - ______ maintaining responding behavior
  - ______ communication
  - ______ directions, modeling or demonstrating
  - ______ dress and/or mannerisms
- ______ Try to determine if the child's performance is representative and/or approximates his/her potential
- ______. Compare the results of multiple measures

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HANDOUT 15

ACTIVITY

IDENTIFYING BIAS IN TESTING

For this small group activity you may work individually, or in groups of two-three persons.

1. From the list below, select a behavioral area in which you conduct assessment.
2. In the space beside your selected assessment area, write the name of a test you typically use, might use, or have used in the past.

ASSESSMENT AREA (Select one)	TEST USED
☐ Basic skills (reading; math; etc.)	
☐ Language	
☐ Social/emotional	
☐ Career/Vocational	
☐ Adaptive behavior	
☐ Sensory-motor	
☐ Intellectual/cognitive	
☐ Other:__________	

3. With this test in mind, respond to the following questions:

	YES	NO	N/A	*D/K
3.1 Do you know what the test author states as the specific purpose for which the test was designed? Has the test been validated for this purpose?				
3.2 Are reliability and validity measures within acceptable limits?				
3.3 Are any limitations of the test described in the manual?				
3.4 Do you know the specific information about the group on whom the test was standardized (sociocultural groups; sex; age, etc.)?				
3.5 Do you always compare the characteristics of the student to be tested to those of the persons in the standardization sample?				
3.6 Does the test manual, or research literature, report any differences in test performance across cultural groups?				

*N/A = Not Applicable
D/K = Don't Know

	YES	NO	N/A	D/
3.7 Do the test items take into account differences in values and/or adaptive behavior?				
3.8 Does this test use vocabulary that is regional, colloquial, or archaic?				
3.9 Does the test rely heavily on receptive and expressive English language ability to measure abilities other than language?				
3.10 Is an equivalent form of the test available in other languages?				
3.11 Do you conduct assessment in the child's primary language?				
3.12 Do you keep in mind, during the testing, that some students may have difficulty understanding your pronunciation, or may find certain of your speech sounds difficult to discriminate?				
3.13 Do you consider what the test demands of (or assumes about) the student in terms of: reading level of questions or directions; speed of response; style of problem-solving; "test-taking" behavior?				
3.14 Would students with specific physical or sensory handicapping conditions be penalized by this test, or on certain items?				
3.15 Can the information obtained from this test be readily applied to planning instructional interventions?				
3.16 Do you feel that you are well experienced in the administration of this test?				

SOURCES OF BIAS IN EVALUATION

I. SOCIO CULTURAL BIAS
  A. CULTURAL BACKGROUND
  B. NATIVE LANGUAGE
  C. ADAPTIVE BEHAVIOR

II. BIAS IN CHILD CHARACTERISTICS
  A. HEALTH AND NUTRITION
  B. HANDICAPPING CONDITIONS

III. BIAS IN TEST SELECTION
  A. ITEM BIAS
  B. TECHNICAL INADEQUACY
    1. NORMS
    2. VALIDITY
    3. RELIABILITY

IV. EXAMINER BIAS
  A. TEST ADMINISTRATION
  B. TEST SCORING
  C. TEST INTERPRETATION

SOURCES OF BIAS

1. There is no magical test, or test battery, that is nonbiased or culturally fair;

2. We cannot waste any more time looking for such tests;

3. We do not need to totally abandon the use of standardized tests;

4. We do need to learn to use more appropriately the assessment resources currently available to gather information about the motivations, aspirations, values, learning styles of the children and families we serve.

MULTIDISCIPLINARY ASSESSMENT:
REFERRAL ANALYSIS

REFERRAL ANALYSIS

Problem Area	What is Known	Critical Questions	Personnel to Answer Questions	Tools or Strategies to Answer Questions

HANDOUT 2

1. Physical System -- These are specifically medical/health questions and cover such areas as vision, hearing, motor and high risk indicators like premature birth, prenatal difficulties, etc.

   Questions for this area include:

   Are vision and hearing acuity within normal limits?

   Is the student's health impaired in any way?

   What strengths and weaknesses exist in fine and gross motor abilities?

2. Psychological System -- Questions for this category cover emotional/behavioral questions which may be indicated during screening and referral data collection. If there are no concerns about possible emotional/behavioral problems then go on to the next set of MDA questions. Examples of emotional/behavioral questions to be answered by the MDA are:

   Is the behavior described inappropriate based on class norms and sociocultural/ethnic status?

   How long has it existed and how severe is it?

   Are there pervasive feelings of depression or other inappropriate affect?

   Are there fears or phobias which are school related? home related?

   Does the emotional/behavioral difficulties significantly affect the student's ability to learn and progress appropriately in school, etc.?

3. Social System -- This criterion covers adaptive behavior (in school and out of school) and family related questions. Adaptive behavior questions are especially relevant to the handicapping conditions of mental retardation and emotionally handicapped (disturbed). Examples of questions for this MDA area are:

Has the child mastered self-help skills?

Does the child perform tasks appropriate to his/her age, culture, and home and community opportunities?

Does the child ask for direction of adults or other peers when needed?, etc.

4. Cognitive or Mental System -- Questions regarding learning potential and academic performance are covered here. Examples of major questions posed here might include:

   What is the child's primary home language?

   What is the child's actual and expected level of functioning in

   - reading?
   - spelling?
   - math?

   In what learning modality does the child learn best?

   Are there deficits in visual and auditory perception?

   Is the child's inability to learn one which cannot be explained by other health factors, etc.?

5. Communication System -- Questions for this area address the child's use of oral and written language. An assessment of this area is critical for children suspected of speech impairments and learning disabilities. The questions to be answered for this area are:

   What is the student's dominant language?

   What abilities and disabilities exist in oral expression, listening comprehension, and written expression?

MULTIDISCIPLINARY ASSESSMENT:
REFERRAL ANALYSIS

STEP 2

Select team members with expertise in obtaining answers to the referral questions. The following should be considered in determining the team composition:

1. Can school personnel answer the major MDA questions?

   If yes, list those qualified and available.

   For example:

   MDA Team Coordinator
   educational specialist/diagnostician
   school psychologist
   teacher certified in suspected handicapping condition
   regular classroom teacher
   parent, etc.

2. What other resources exist if some or all of the MDA questions cannot be answered by school personnel?

   List other agency personnel available and qualified to answer them (possibly at no charge to the school).

   For example:

   psychiatrists with public mental health clinics
   physicians, physical therapists, etc. employed by state rehabilitation agency, etc.

HANDOUT 3

REFERRAL FORM

Name Hector Hyper Birthdate ______ Age 9-1

School Weathering Heights Elem. Grade 3 Sex M

Parents/Guardians Just & Truly Hyper

Address 94142 Tablespoon Drive

Anywhere, Wyoming Phone 1-307 3827421

Referred By Mrs. O.N. Task (Signature) Position Teacher

Date Referral Received ______

Reason for Referral: Behavior and academic problems

1) What is the specific behavior that led to this referral?
Hector is a management problem He fights the other children, uses swear words and tears up his papers, He's behind in reading, math, and spelling.

2) Under what conditions does the problem exist?
He swears when requested to complete his work. He starts a fight with other children particularly when its time for reading, math, and spelling.

3) What do you see as this student's particular strengths?
Hector is very good in science and art. He works well with his hands, He likes to build airplanes and also likes to draw them.

4) What background information is available on the child? (Include information from record review, e.g., test scores, health history, grades, attendance, etc. Use back of page if more space is needed.) He has had academic problems since first grade but has never been retained. He has no vision or hearing problems. Group achievement test (Stanford) show him functioning at first grade level in all of the basic skills, (e.g. vocabulary, spelling, comprehension, math.) Father is an electrician, mother a housewife.

5) What methods have you tried to solve the problem?
I have tried spanking, putting him in the corner, and sending him to the principal's office.

6) Have you contacted the parents regarding the problem?
Yes

a) What was the result of the contact?
They say that Hector only acts that way at school, never at home. They say that I should spend more time teaching and less time harassing them about his problems.

B.E. Wright
Principal's Signature

HANDOUT 4

REFERRAL ANALYSIS

HECTOR HYPER 9-1

PROBLEM AREA	WHAT IS KNOWN	CRITICAL QUESTIONS	PERSONNEL TO ANSWER QUESTIONS	TOOLS OR STRATEGIES TO ANSWER QUESTIONS
Behavior	Fights other children. Uses swear words Tears up his papers. Behaviors occur when it is time for reading, math and spelling.	What behavior is to be maintained? How long does it last? What is reinforcing the behavior? Which reinforcers work with this student? Which reinforcers do not work? Is assessment of adaptive behavior needed? How does the student feel about himself? How does he feel about his behavior? Does he want to change his behavior?		
Reading	Stanford Achievement Test Below grade level in vocabulary and comprehension.	Can the student identify letters? How many sight words does he have? What is his comprehension level? Which word-attack skills does he have? How good is his visual memory? Which method of reading instruction would benefit him the most?		
Math	Stanford Achievement Test 1.0	Does he recognize numbers 1 to 100? Does he know addition facts, subtraction facts, and multiplication facts? Can he add and regroup, subtract and rename? Does he have a concept of time? Does he know measurement concepts? Can he solve word problems?		
Cognitive	No assessment has been made	Is the student functioning within the normal range of intelligence? Is his inability to learn one which cannot be explained by other health factors? What specific psychological processes are impaired?		

REFERRAL ANALYSIS

HECTOR HYPER 9-1

PROBLEM AREA	WHAT IS KNOWN	CRITICAL QUESTIONS	PERSONNEL TO ANSWER QUESTIONS	TOOLS OR STRATEGIES TO ANSWER QUESTIONS
Spelling	Standford Achievement Test	Can pupil write basic sight words from dictation? Can be substitute the correct phoneme for the sound? Can he use irregular word endings? Can he form plurals correctly? Can he add suffixes and prefixes to words?		

REFERRAL ANALYSIS

Problem Area	What is Known	Critical Questions	Personnel to Answer Questions	Tools or Strategies to Answer Questions

MULTIDISCIPLINARY ASSESSMENT:
SELECTING AN MDA TEAM

MDA
SELECTING AN MDA TEAM
HANDOUT I

Component for Comprehensive Evaluation	Qualified Personnel to Perform Assessment
1. Physical System (Medical, Health, Sensory, Motor Questions)	
2. Psychological System (Emotional/Behavioral Questions)	
3. Social System (Adaptive behavior outside school environmental and family related questions)	
4. Cognitive System (Learning potential and academic performance questions)	
5. Communication System (Oral and written language questions)	

Local District Resources for Comprehensive Evaluations

Comprehensive Evaluation Area	Personnel qualified and available to perform assessments
1. Physical System (Medical, health, sensory, motor questions)	
2. Psychological System (Emotional/behavioral questions)	
3. Social System (Adaptive behavior outside school environmental and family related questions)	
4. Cognitive System (Learning potential and academic performance questions)	
5. Communication System (Oral and written language questions)	

MULTIDISCIPLINARY ASSESSMENT:
OBTAINING PARENTAL CONSENT FOR EVALUATION

MDA HANDOUT I H-I

OBTAINING PARENTAL CONSENT FOR EVALUATION

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR EVALUATION

Dear ______________________,

We would like to inform you that your child ____________ is being referred for individual testing which will help us in his/her educational planning. Referral was made for the following reasons: ____
____
____

The following options for dealing with the above concerns were considered and rejected for the reasons specified: ____
____
____

Following is a description of other factors (if any) which are relevant to the proposed testing: ____
____
____

Following is a list of the records (if any) which will be released and to whom:

Record	Person/Agency

Testing results will help us in determining your child's educational needs and in planning the most appropriate program. The evaluation procedures and/or tests typically will include the following:

Intelligence :
Communication:
Behavior :
Academic :
Vocational :
Other :

You will be informed regarding the results of the testing. It is important for you to be aware that you have certain rights regarding the identification, evaluation and placement of your child.

1. You have the right to review all records related to the referral.
2. You have a right to review the instruments (tests) used to evaluate your child.
3. You have the right to refuse to permit the evaluation or a change in your child's educational placement.
4. You have the right to be fully informed of the results of the evaluation.
5. If you disagree with the results, you have the right to get an independent evaluation.
6. You have the right to request an impartial due process hearing.
7. You have the right to give consent or deny access to your child's educational records.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

OBTAINING PARENTAL CONSENT FOR EVALUATION

A full explanation of your rights is attached for you to read and keep. Since state board regulations require that we receive your written consent before we proceed with testing, we would appreciate your signing this permission form and returning it as soon as possible. If you have any questions, please feel free to contact me.

Name/Title Date

I understand and agree to the above described individual testing or other evaluation using appropriate assessment instruments. I also understand that the granting of consent is voluntary and may be revoked at any time.

☐ Permission is given to conduct the evaluation as described.

☐ Permission is denied to conduct an evaluation.

Parent/Guardian Date

PLEASE READ AND KEEP THE ATTACHED PAGES. RETURN THIS PAGE TO THE SCHOOL DISTRICT.

OBTAINING PARENTAL CONSENT FOR EVALUATION
HANDOUT 2

PARENT RIGHTS IN EVALUATION AND PLACEMENT

PLEASE KEEP THIS EXPLANATION FOR FUTURE REFERENCE

The following is an explanation of your rights according to federal and state rules and regulations. The intent of the rules and regulations is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

1. Right to review all school records.
   You have the right to see and examine all school records related to your child. The district will supply you, upon request, a list of the types and location of education records collected, maintained, or used by the district. If you feel that certain records are inaccurate or misleading, you have the right to ask that they be removed from your child's file. Copies of any material pertaining to your child will be available to you, upon request, at reasonable cost.

2. Right to review evaluation tests and procedures.
   You have the right to examine all tests and procedures that will be used to determine if your child is in need of special education service and what his/her educational needs are.

3. Right to refuse to permit evaluation(s) or a change in your child's educational placement.
   You have the right to withhold permission for your child's educational placement to be changed or to be tested.

4. Right to be informed of the results of evaluation(s).
   You have the right to have the results of all testing with your child explained to you.

5. Right to obtain an independent evaluation.
   If you do not feel the school's evaluation is fair or accurate, you may request an educational evaluation from an agency or professional outside the school at public expense. The district will provide you with a list of public and private agencies from whom independent educational evaluations may be obtained. However, the school may request a hearing if its evaluation is challenged. If the hearing rules in favor of the school, you still have the right to obtain an independent evaluation at your own expense.

6. Right to request an impartial due process hearing.
   If you do not agree with the school's actions at any point concerning the identification, evaluation, or placement of your child, you have the right to request an impartial due process hearing. If you request a hearing:

   (a) you must notify the district in writing within 20 days from mailing of a notice from the school concerning your child's identification, evaluation, or placement;

(b) the district shall inform you of any free or low-cost legal or other relevant services available;

(c) you may be represented at the hearing by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children;

(d) you have a right to have a hearing open to the public; it will be under the authority and jurisdiction of the school district;

(e) your child may be present at the hearing if you desire;

(f) your child will remain in his/her current educational placement during any pending administrative or judicial proceedings unless otherwise mutually agreed upon by the parent and district.

7. Right to give consent or deny access to your child's educational records.

Parental consent must be obtained before personally identifiable information is (a) disclosed to anyone other than education personnel, or (b) used for any purpose other than that for which it was collected. It is the district's responsibility to notify you when either condition (a) or (b) occurs. The district maintains a list of those employees within the district who are authorized to have access to personally identifiable information.

In addition, the district will notify you when personally identifiable information is no longer needed to provide educational services to your child. You have the right to request the destruction of this information.

8. Right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

OBTAINING PARENTAL CONSENT FOR EVALUATION

HANDOUT 3

PARENT APPROVAL FOR INDIVIDUAL EVALUATION

In a prior communication (personal interview or mail) you have been informed of the school's concern for your child's educational progress and the need to gather further information so that the best possible program can be planned. The state's Administrative Regulations require that you approve of any testing or other evaluation of your child. Please sign as indicated below. Your cooperation is appreciated.

****

Date____________________________________

This is to indicate that I have been informed and counseled regarding the referral of my child____
(name of child)
for individual testing or other evaluation using appropriate assessment instruments and I do give my consent for such assessment by personnel of
____.
(name of school district)

Parent______________________________________
(signature)

Address_____________________________________
____

Phone_______________________________________

(Chairperson)_________________________________

I do not give my consent for such assessment by personnel of______________
____.
(name of school district)

Parent______________________________________
(signature)

Address_____________________________________
____

Phone_______________________________________

(Chairperson)_________________________________

CC: Parent
Chairperson
Director of
Program for
Exceptional Children

MULTIDISCIPLINARY ASSESSMENT:
ASSESSMENT STRATEGIES

HANDOUT I

Considerations in Choosing Tests

Consideration	Critical Questions to Ask
1. Purpose	Do I know what the test author states as the specific purpose for which the test was designed? Has the test been validated for this purpose?
2. Test Target	Do I want to test an individual or group? Would students with specific physical or sensory handicapping conditions be penalized by this test, or on certain items?
3. Task Demands and Content	Did I consider what the test demands of, or assumes about, the student in terms of: reading level of questions or directions; speed of response; style of problem solving; test taking behavior. Do I want to assess only one skill at a time or do I want to assess more than one skill at a time?
4. Interpretive data	Do I want to see how the student compares with others? Do I want to see how the student compares to a performance standard? Am I interested in measuring the student's maximum level of performance? Am I interested in measuring the level of performance a student can attain in a given amount of time?
5. Technical Adequacy	
A. Norms	Do I know the specific information about the group on whom the test was standardized (socio-cultural groups; sex; age; etc.)? Did I compare the characteristics of the student to be tested to those of the persons in the standardization sample? Is the child's sex adequately represented in test norms? Is the child's age/grade adequately represented? Is the child's race/ethnic group adequately represented?

Consideration	Critical Questions to Ask
	Is the child's socio-economic status adequately represented?
	Is the child's urban/rural locale adequately represented?
B. Reliability	Is the test reliability sufficient for screening purposes?
	Is the test reliability sufficient for classification, and/or programming purposes?
C. Validity	Is the test question appropriate?
	Does the test question really measure the content?
	Are there enough items in the sample?
	Does the test format reliably measure the content?
	Is the validity coefficient .80 or better?

HANDOUT 2

ASSESSMENT STRATEGIES

Comparison of Norm- and Criterion Referenced Measurement

Norm-Referenced	Criterion-Referenced
Referenced points are average, relative points.	Referenced points are fixed at specified cut off points.
Evaluates individual performance in comparison to group performance.	Evaluates individual performance in relation to a fixed standard.
Is used to evaluate a student as "below grade level," "at grade level," or "above grade level."	Not concerned with grade level descriptions.
Fails to indicate which individuals have mastered the spectrum of instructional objectives.	Identifies individuals who have mastered the spectrum of instructional objectives.
Generally a poor aid in planning instruction.	Geared to provide information to be used in planning instruction.
Is vague in relation to the instructional content.	Is content specific.
Is more summative than formative.	Is more formative than summative.
Does nto operationally define mastery and/or success.	Operationally defines mastery and/or success.
Applies poorly to the individualization of instruction	Applies directly to the individualization of instruction.
Is not concerned with task analysis.	Depends on task analysis.
Does not lend itself to applied behavioral analysis.	Lends itself to applied behavioral analysis.
Standardized tests are classical examples.	Does not tend to be standardized.
Tests not sensitive to the effects of instruction.	Tests very sensitive to the effects of instruction.
Tests have a low degree of overlap with actual objectives of instruction.	Tests are directly referenced to the objectives of instruction.
Test items evaluated in reference to persons.	Test items evaluated in reference to instructional objectives.
Test results interpreted in reference to a person's position in relation to the scores of others.	Test results interpreted in reference to a person's position in relation to the curriculum. (Housden & LeGear, 1974, pp. 191-192).

From: Pasanella, A. & Volkmar, C. B. (1976) "Coming back or never leaving". Instructional programming for handicapped students in the mainstream. California Regional Resource Center, 1976.

ASSESSMENT STRATEGIES

Critical Data

Test	Standardization	Validity	Reliability
Stanford Binet (1972 edition)	2,100 subjects used no data available identifying demographic characteristics standardized in only seven communities.	No data available in manual	No data available in manual
Wechsler Intelligence Scale for Children (Revised)	2,200 children of ages 6½ - 16½. Group stratified on basis of age, sex, race, geographic region, occupation of head of household, and urban-rural residence.	Full scale IQ .95 verbal IQ .96 performance .83	Verbal IQ .91 - .96 Performance IQ .89 - .91 Full Scale .95 - .96
Durrell Analysis of Reading Difficulty	No information available on population used in standardization.	No available information	No information available
Woodcock Reading Mastery Tests	5,252 subjects kg-12. Test manual includes detailed description of sample in terms of race, years of schooling, occupation and income.	Validity figures range from -.04 to .92	Word identification .96, word attack .98, word comprehension .93, passage comprehension .93. Total reading .99. Letter identification .86 (2nd grade) .20 (7th grade)
Key Math Diagnostic Arithmetic Test	1,222 children k-7th grades were used. They were taken from 42 school systems in 8 states. No information is available on community size or racial composition.	Content validity is good. Content was carefully selected based on research findings of three authors and the field testing with 3,000 children. Most useful as a criterion referenced device for specific diagnosis	Reliability coefficient range from .39 to .90

MDA

ASSESSMENT STRATEGIES

Critical Data

Test	Standardization	Validity	Reliability
Stanford Diagnostic Mathematics Test (This is a group test)	Standardized in 37 school districts on 38,000 pupils. Information is available on school system enrollment, geographic region, socio-economic status.	Content validity must be based on an evaluation of the extent to which the content reflects local curricular content. Validity correlations ranged from .64 to .94	Reliability coefficients range from .64 to .94 with most exceeding .80
*Test of Language Development (TOLD) 1977 Measures picture vocabulary, oral vocabulary, grammatic understanding, sentence imitation, grammatical completion. Age level 4.0 - 8.11	Norms based on performance of 1,014 children.	Reported in a separate volume. No coefficients below .69.	Coefficients associated with individual subtests greater than .80 at most age levels

*From Wallace & Larsen Educational Assessment of Learning Problems, Allyn & Bacon 1978

HANDOUT 4

Tips to Improving Observation

There are several keys to effective observation. Careful attention to these factors will enhance the effectiveness of observation as an evaluation tool.

1. Select and define the target behavior.

   Define, or describe, the behavior precisely and in such a way that most people would be able to agree that they had seen an instance of it. For example, Todd is out of his seat rather than Todd is hyperactive, defines a specific behavior which is easily observable.

2. Note the setting for, and the events following the demonstration of target behavior.

   Noticing the events that repeatedly follow the behavior, such as peer approval or teacher recognition, may suggest ways to control or change the target behavior. The setting includes such things as time of day, date, classroom activity, work assignment, people and materials involved, behavior of others. Awareness of any or all of these items may help you determine what triggers the behavior being studied.

3. Be thoroughly informed about the purpose underlying the observation.

This will influence your choice of observation method and recording procedure.

4. Be as unobtrusive as possible.

   Your presence may alter the behavior being observed.

5. Try to get lots of observation data.

   Choose a variety of settings for data collection--the playground, independent study, group situations, etc.

Usually behavior patterns do not become evident in a short span of time. To notice change or growth, observational records must be kept over time. Remember there are cycles and trends in behavior; some observations will merely reflect a temporary deviation and we must look at a larger sample of behavior to determine what is typical for the student.

6. Select or design appropriate data-recording procedures.

   Recording should be quick, efficient, and easily understandable by another person.

7. Experiment with the procedure and forms.

   Practice various observation techniques several times before data gathering. Observe several learners in the same situation for comparison.

8. Be precise.

   Lack of precision in information-gathering leads to misinterpretation of data and faulty instructional decision-making.

9. Do a reliability check.

   Have another person observe the same student; compare your records. The teacher and the resource teacher; for example, should "exchange notes."

10. Interpret your data cautiously.

    Avoid the temptation to try to determine "cause" and the pitfall of circular reasoning (saying that a child who does not pay attention or sit still is "hyperactive", and then later explaining to his/her parent or teacher that the problems of inattention and restlessness are caused by hyperactivity). Make tentative inferences about process variables (such as feelings, attitudes) only on the basis of accumulated evidence (patterns or clusters of specific behavior). Above all, don't jump to conclusions!

CONSIDERATIONS IN CHOOSING TESTS

1. PURPOSE
2. TARGET
3. TASK DEMANDS AND CONTENT
4. INTERPRETIVE DATA
5. TECHNICAL ADEQUACY
    - A. NORMS
    - B. RELIABILITY
    - C. VALIDITY

MULTIDISCIPLINARY ASSESSMENT:
WRITING A COMPREHENSIVE REPORT

SAMPLE

WRITING A COMPREHENSIVE REPORT
HANDOUT I

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's name________________________ School____________________

Birthdate________________ School District______________________

Age____________________ County____________________________

Grade or class_____________ Team member________________________

Years in school____________ Title_____________________________

Test Given (Complete name)	Date	N	CR	Present level of functioning (Strengths and weaknesses)

MDA

SAMPLE

H-2

WRITING A COMPREHENSIVE REPORT
HANDOUT 2

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's name *Billy Jones* School *Highmont Elementary*

Birthdate *10.19.67* School District *Alameda District 142*

Age *11 years, 7 months* County *Alameda County*

Grade or class *4th* Team member *Ms. Harriet Greene*

Years in school *5* Title *Educational Diagnostician*

Test Given (Complete name)	Date	N	CR	Present level of functioning (Strengths and weaknesses)
Illinois Test of Psycholinguistic Abilities	*9/1/78*	*X*		*Does well with tasks involving getting meaning from visual & auditory stimuli, relating concepts and expressing himself with words and gestures. Has difficulty with tasks involving visual memory of objects, auditory memory of digits, discriminating essential from non-essential detail & completing word with sounds missing.*
Sucher Allred Reading Inventory	*9/8/78*		*X*	*Recognizes most of the single initial consonant sounds (except f, w, y, r) and short vowels (except u and e). Does not know initial consonant blends st, pl, tr, fr, wh, th, cl, gl, fl, sm, sn. sw. tw. In oral reading he guesses at unknown words, adds sounds and words.*
Keymath Diagnostic Arithmetic Test		*X*		*Can add 2&3 place problems - no regrouping. Can subjtract 2 place problems, no remaining. Can multiply by 2's and 3's. Billy cannot add 2 and 3 place problems with regrouping nor can he subtract 2 and 3 digit problems with remaining.*

WRITING A COMPREHENSIVE REPORT

HANDOUT 3

Identifying Assessment Areas

Read each of the following statements. In the right hand column indicate in which assessment area (physical, communication, cognitive, social/emotional academic) the statement should be placed. Some may fit more than one area.

Statement	Assessment Area
1. Is 2½ years below grade level in reading.	
2. Is hyperactive and aggressive.	
3. Has visual memory problems.	
4. Is shy and withdrawn.	
5. The IQ is 100-115.	
6. Is developmentally delayed.	
7. Has articulation problems.	
8. Scored 2.9 on the WRAT arithmetic subtest.	
9. Has gross motor problems.	
10. Did poorly in verbal expression.	

WRITING A COMPREHENSIVE REPORT

HANDOUT 4

	Statement	Assessment Area
1.	Is 2½ years below grade level in reading.	Academic
2.	Is hyperactive and aggressive	Social/emotional
3.	Has visual memory problems.	Perceptual motor, cognitive or academic
4.	Is shy and withdrawn.	Social/emotional
5.	The IQ is 100-115.	Cognitive
6.	Is developmentally delayed	Cognitive, social/emotional, adaptive behavior
7.	Has articulation problems.	Communication
8.	Scored 2.9 on the WRAT arithmetic subtest.	Academic
9.	Has gross motor problems	Motor, physical
10.	Did poorly in verbal expression.	Communication

WRITING A COMPREHENSIVE REPORT

HANDOUT 5

HOW SHALL WE SAY IT?

These suggestions can be used as a guide. Each teacher must write comments that he can understand and interpret properly, not only to himself but to others.

Awkward and clumsy	Appears to have difficulty with motor control.
Does all right if pushed	Accomplishes tasks when interest is frequently stimulated.
To free with fists	Resorts to physical means of winning his point.
Could stand more baths Dirty--has bad odor	Needs guidance in development of good habits of hygiene.
Lies	Shows difficulty in distinguishing between imaginary and factual material.
Cheats	Needs help in learning to adhere to rules and standards of fair play.
Steals	Needs help in learning to respect the property rights of others.
Insolent	Needs guidance in learning to express himself respectfully.
Lazy	Needs ample supervision in order to work well.
Rude	Needs to develop a respectful attitude toward others.
Dishonest	See either Lies or Steals
Selfish	Needs help in learning to share with others.
Coarse	Needs assistance in developing social refinement.
Noisy	Needs to develop quieter habits of communication.
Has disgusting eating habits	Needs help in improving table manners.
Is a bully	Has qualities of leadership but needs help in learning to use them democratically.
Babyish	Shows lack of maturity in relationships with others.
Associates with "gangs"	Seems to feel insecure in group situations; needs to develop a sense of independence.
Disliked by other children	Needs help in learning to form lasting relationships.
Often late	Needs guidance in developing habits of punctuality.
Is truent	Needs to develop sense of responsibility in regard to attendance.

HANDOUT 6

Writing Useful Assessment Statements

Reach each of the following statements and evaluate its usefulness for a comprehensive report. If necessary, rewrite each statement to make it more useful.

	Statement	Rewrite
1.	Is 2½ years below grade level in reading.	
2.	Is hyperactive and aggressive.	
3.	Has visual memory problems.	
4.	Is shy and withdrawn.	
5.	The IQ is 100-115.	
6.	Is developmentally delayed.	
7.	Has articulation problems.	
8.	Scored 2.9 on the WRAT arithmetic subtest.	
9.	Has gross motor problems.	
10.	Did poorly in verbal expression.	

WRITING A COMPREHENSIVE REPORT

HANDOUT 7

Wyoming State Board Requirements on Comprehensive Evaluation Report

F. WHEN A HANDICAPPED CHILD RECEIVES A PREPLACEMENT ASSESSMENT OR A COMPREHENSIVE REASSESSMENT, THE MULTIDISCIPLINARY DIAGNOSTIC TEAM SHALL PREPARE A WRITTEN REPORT ON THE RESULTS OF THE EVALUATION. THE REPORT MUST INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING:

(1) THE DATE(S) THE CHILD WAS ASSESSED;

(2) A LIST OF THE TESTS AND PROCEDURES USED TO EVALUATE THE CHILD;

(3) THE CHILD'S HANDICAP AND THE BASIS FOR MAKING THE DETERMINATION;

(4) RECOMMENDATIONS CONCERNING THE EDUCATION, ANY SPECIAL SERVICES THE CHILD NEEDS, AND PLACEMENT IN THE LEAST RESTRICTIVE EDUCATIONAL ENVIRONMENT;

(5) RELEVANT BEHAVIOR NOTED DURING ASSESSMENT;

(6) EFFECTS OF ENVIRONMENTAL, CULTURAL OR ECONOMIC DISADVANTAGE; AND

(7) WRITTEN CERTIFICATION FROM EACH TEAM MEMBER WHETHER THE REPORT REFLECTS HIS OR HER CONCLUSIONS.

HANDOUT 8

Wyoming State Board Requirements on Evaluation Report for Specific Learning Disability

G. IN EVALUATING A CHILD SUSPECTED OF HAVING A SPECIFIC LEARNING DISABILITY, THE MULTIDISCIPLINARY DIAGNOSTIC TEAM SHALL ALSO:

INCLUDE IN THE WRITTEN ASSESSMENT REPORT RELEVANT BEHAVIOR NOTED DURING THE CLASSROOM OBSERVATION OF THE CHILD AND THE RELATIONSHIP OF THAT BEHAVIOR TO THE CHILD'S ACADEMIC FUNCTIONING;

INCLUDE IN THE WRITTEN REPORT EDUCATIONALLY RELEVANT MEDICAL FINDINGS, IF ANY; AND

DOCUMENT WHETHER THERE IS A SEVERE DISCREPANCY BETWEEN ACHIEVEMENT AND ABILITY WHICH CANNOT BE CORRECTED WITHOUT SPECIAL EDUCATION AND RELATED SERVICES.

HANDOUT 9

Steps in Preparing a Comprehensive Report

1. Each assessment team member completes an assessment summary form.
2. The team member submits the form to the chairperson of the team.
3. The chairperson identifies the data that relate to motor development, hearing, vision, educational performance, cognitive abilities, socio-emotional skills, and language development. Vocational or career education data are noted, if present.
4. The chairperson groups the assessment findings under each major heading.
5. The chairperson rewrites and edits each list to eliminate redundancy. He or she also extracts information which is most relevant for instructional planning as well as being indicative of observable and measurable behaviors.
6. Wherever possible, interrelations between test data are noted, for example, a hearing problem which contributes to articulation difficulty.
7. Make recommendations for program needs in:
   - academic areas
   - behavioral areas
   - any other area of significant needs.

7a. Make recommendations as to eligibility category.

8. Verify data contained in report with other team members.
9. Sign comprehensive report and attach to individual test reports.

HANDOUT 10

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's name Hector Hyper	School Weathering Heights
Birthdate 10-16-70	School District Alameda County Dist. #142
Age 9 years-2 months	County Alameda
Grade or class 4th	Team member Dr. P. Dantick
Years in school 4	Title School Psychologist

Test Given (Complete name)	Date	N	CR	Present level of functioning (Strengths and weaknesses)
echler Intelligence Scale for Children Revised edition	10/25/79	X		Hector shows exceptional ability in tasks which utilize the auditory vocal mode. Tests showed him functioning in the superior range on general knowledge abstract thinking and relationships, word knowledge and understanding of social situations. He appears to do very poorly on tasks involving the visual motor mode. He is functioning below his age level in the ability to recall what he sees, perceive, analyze, synthesize and reproduce abstract designs. He is also functioning below his age level in the ability to reproduce familiar forms from memory and the ability to learn visual motor skills from repetitive experiences. He is functioning at age level in ability to interpret a social situation.
Self Concept Inventory	9/4/79		X	Hector feels good about his physical appearance, body size, skills in PE. He feels bad about his behavior in class and would like to change it.
Teacher Interview				Teacher reported the frequency of Hector's behavior over a 10 day period: 25 instances of hitting other children, 10 instances of tearing up his work sheets, 20 instances of using 4 letter swear words. He does like art and science.

WRITING A COMPREHENSIVE REPORT

SAMPLE

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's name Hector Hyper School Weathering Heights

Birthdate 10-16-70 School District Alameda County District #142

Age 9 years-2 months County Alameda

Grade or class 4th Team member Ms Edna Testor

Years in school 4 Title Educational Diagnostician

Test Given (Complete name)	Date	N	CR	Present level of functioning (Strengths and weaknesses)
Key math Diagnostic Arithmetic test	11/6/79	X		Does not know ordinal relationships, roman numerals or division factors, does not have concept of ½, has difficulty seeing parts of whole, adds single digit numbers sums to 10, can add 2 digits + 1 digit no regrouping, can subtract single digit numbers, can subtract 2 digit numbers no regrouping, does not know multiplication or division facts, can do mental computation of single digit numbers.
Math probes	11/7/79			Counts to 100, counts by 2's, 5's, 10's, to 100, writes indicated numbers, adds 2 & 3 place numbers, no carrying, subtracts 2 place numbers, no borrowing, cannot add 2 & 3 numbers with carrying, cannot subtract 2 & 3 numbers with borrowing.
Picture story language test	11/8/79	X		Wrote short sentences of no more than 3 words, very concrete sentences, has many good ideas, good use of words, but cannot put them into writing. 3 years below expected grade placement.
Psychoeducational evaluation of basic learning abilities (gross motor, sensory motor integration subtests)	11/15/79	X		Gross motor developments shows very definite strengths, very weak in directionality, cannot tell left from right, up from down, forward from backward; lacks directional orientation; very weak in time concepts.

WRITING A COMPREHENSIVE REPORT

SAMPLE

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's name Hector Hyper School Weathering Heights

Birthdate 10-16-70 School District Alameda County Dist. #142

Age 9 years-2 months County Alameda

Grade or class 4th Team member Ms Edna Testor

Years in school 4 Title Educational Diagnostician

Test Given (Complete name)	Date	N	CR	Present level of functioning (Strengths and weaknesses)
Mills Learning Method	11/1/79			Scores indicate that he would learn better if a VAKT approach was used.
Woodcock Reading Mastery Test	10/28/79	X		Recognizes 50 basic sight words at grade 1 level, recognizes sound of beginning and ending consonants t, d, s, p, m, does not know vowel sounds in medial position, has difficulty understanding relationships due to poor word recognition, poor word recognition also lowered scores in passage comprehension, could do well if sentences read to him, instructional range is 1.5 to 2.0.
Informal Reading Inventory	10/28/79			Added words and sounds, reversed words, omitted letters, could not blend sounds, knows single consonant sounds except f, w, y, r.
Peabody Individual Achievement (Spelling Test)	11/1/79	X		2½ years below grade level. Was able to recognize spelling of the words me, go, man, cow, girls, has.
Informal spelling inventory	11/2/79			Visualized the beginning of word but omits the middle, e.g., hapy for happy, gave the correct letter but in the wrong sequence, hte for the, incorrect phoneme for grapheme.

WRITING A COMPREHENSIVE REPORT

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's name Hector Hyper School Weathering Heights

Birthdate 10-16-70 School District Alameda County District #142

Age 9 years-2 months County Alameda

Grade or class 4th Team member O.N. Task

Years in school 4 Title Regular Classroom Teacher

Test Given (Complete name)	Date	N	CR	Present level of functioning (Strengths and weaknesses)
Walker Problem Behavior Checklist	10/16/79	X		Specific behaviors noted include the following: Has difficulty concentrating any length of time, disturbs other children: teasing, provoking fights, interrupting others, displays physical aggression toward objects or persons, is overactive, restless and/or continually shifting body positions.

WRITING A COMPREHENSIVE REPORT
HANDOUT II

SUGGESTED FORMAT

Child: ____________________

Date of Birth: ____________ **Age:** ____________

Sex: ____________ **Grade:** ____________

School: ____________ **Teacher:** ____________

Reason for referral:

Assessment techniques or instruments used:

Assessment Tool	*Evaluator*	*Date*

Observations during testing situations:

Results of assessment:

	Present Level of Functioning
Physical Development	
Cognitive Development	
Social/Emotional Development	
Educational Performance	
Data Interpretation: Student's Strengths and Needs	

Eligibility Recommendation:

Signed ______________________________

Date ______________________________

HANDOUT 12
WRITING A COMPREHENSIVE REPORT

School District # 5

Multidisciplinary Team Report

Name ______________________________ Date ____________ School ____________

Age ____________ Date of Birth ________ (Circle one) Initial/ Review

REASON FOR REFERRAL:

ASSESSMENT SUMMARY : (for individual results, see attached)

HEALTH:

VISION HEARING

GENERAL APPEARANCE

INTELLECTUAL FUNCTIONING:

ACADEMIC SKILLS:

LANGUAGE / SPEECH SKILLS :

DEVELOPMENTAL MOTOR/PERCEPTUAL SKILLS:

SOCIAL /BEHAVIOR SKILLS :

CLASSROOM BEHAVIORS:

MD team report , page 2

ARNER CHARACTERISTICS:

physical characteristics	atten. factors	intell. factors	achiev. data	input	memory
meaning	output	self-struct.	emotional factors	reinf-orcers	punishers

PLACEMENT NEEDS:

CURRICULUM:

MEDIA /MATERIALS:

PLACEMENT OPTIONS:
(1) ______________________ (2) ______________________

ELIGIBILITY CATEGORY ______________________

OTHER RECOMMENDATIONS:

SIGNATURES: AGREE DISAGREE

____

____

____

____

WRITING A COMPREHENSIVE REPORT

THE REPORT MUST INCLUDE:

1. THE DATE(S) THE CHILD WAS ASSESSED;
2. A LIST OF THE TESTS AND PROCEDURES USED TO EVALUATE THE CHILD;
3. THE CHILD'S HANDICAP AND THE BASIS FOR MAKING THE DETERMINATION;
4. RECOMMENDATIONS CONCERNING THE EDUCATION, ANY SPECIAL SERVICES THE CHILD NEEDS, AND PLACEMENT IN THE LEAST RESTRICTIVE EDUCATIONAL ENVIRONMENT;
5. RELEVANT BEHAVIOR NOTED DURING ASSESSMENT;
6. EFFECTS OF ENVIRONMENTAL, CULTURAL OR ECONOMIC DISADVANTAGE; AND
7. WRITTEN CERTIFICATION FROM EACH TEAM MEMBER WHETHER THE REPORT REFLECTS HIS OR HER CONCLUSIONS.

WRITING A COMPRHENSIVE REPORT

IF LEARNING DISABILITY SUSPECTED:

Include in the written assessment report relevant behavior noted during the classroom observation of the child and the relationship of that behavior to the child's academic functioning;

Include in the written report educationally relevant medical findings, if any; and

Document whether there is a severe discrepancy between achievement and ability which cannot be corrected without special education and related services.

The report specified in subsection f of this section, test booklets and other significant information obtained during the assessment must be maintained in the district in such manner to provide maximum confidentiality to the child in accordance with the State Board of Education Rules and Regulations Governing Protection of the Confidentiality of Personally Identifiable Data. (See Appendix D of these rules.)

REPORT CRITERIA CHECKLIST

Reporting Criteria

____ 1. Report follows a consistent format.

____ 2. Report is clearly wirtten and contains a minimum of jargon and technical terms.

____ 3. Report is concise and to the point; it focuses on the results of assessment.

____ 4. Report is comprehensive; i.e., it gives all the information necessary to make a responsible educational planning decision in physical, cognitive, social/behavioral, and educational programming areas.

____ 5. Report cites relevant examples and significant details.

____ 6. Report identifies patterns or syndromes.

____ 7. Report highlights strengths and weaknesses.

____ 8. Report uses as much behavioral language as possible.

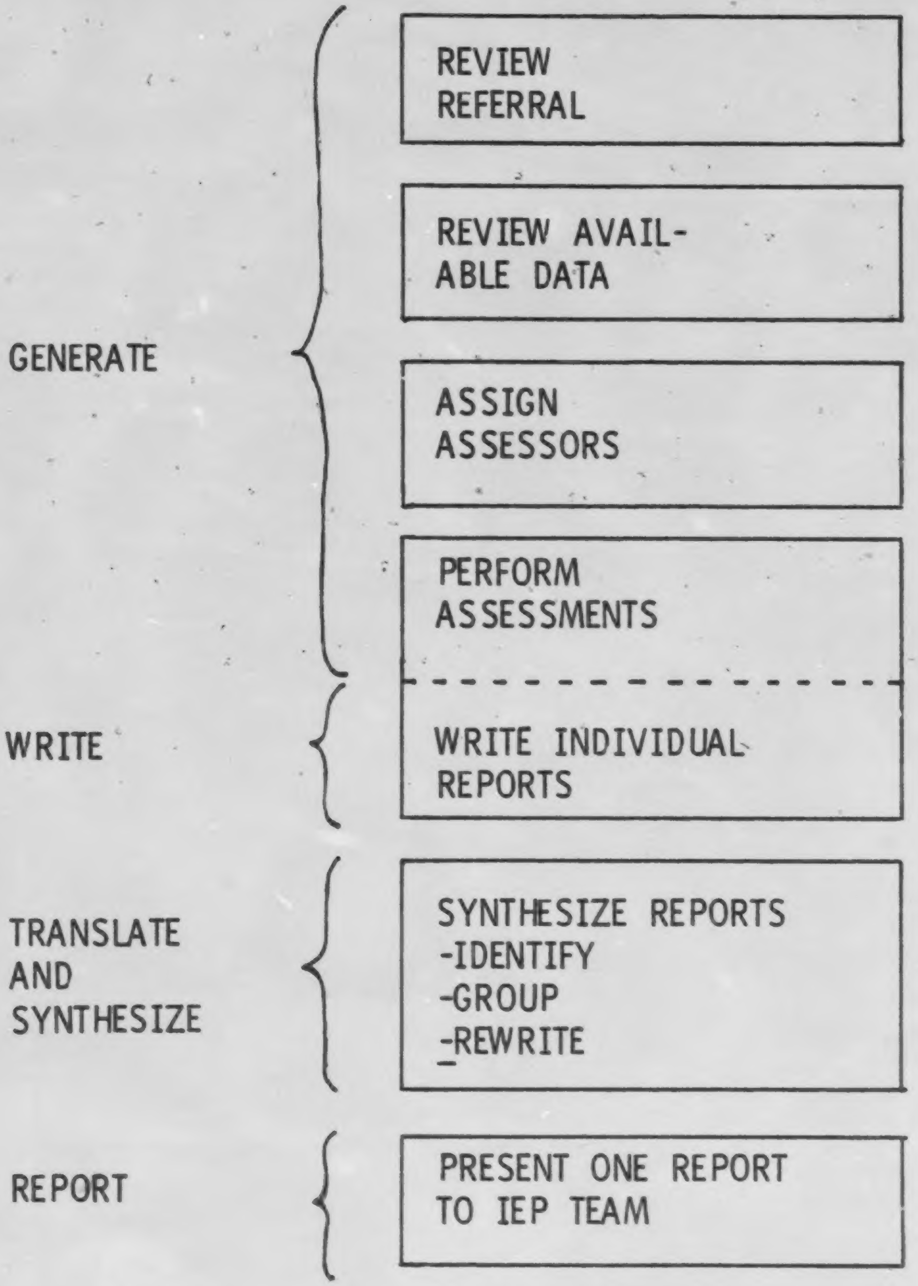
____ 9. Report avoids prescriptive language.

____ 10. Overall, the report is a statement of the child's present level of functioning in the physical, cognitive, social/emotional and educational areas.

____ 11. Report contains a definite judgment of presence or absence of a specific handicap.

____ 12. Report includes signatures of all those contributing data.

RECOMMENDED ASSESSMENT REPORTING PROCESS



GENERATE
- REVIEW REFERRAL
- REVIEW AVAILABLE DATA
- ASSIGN ASSESSORS
- PERFORM ASSESSMENTS

WRITE
- WRITE INDIVIDUAL REPORTS

TRANSLATE AND SYNTHESIZE
- SYNTHESIZE REPORTS
  - -IDENTIFY
  - -GROUP
  - -REWRITE

REPORT
- PRESENT ONE REPORT TO IEP TEAM

Table 2 shows "poor" and "better" sample statements relating to observations during testing, the child's present level of performance, and educational implications of particular assessment data.

TABLE 2

REWRITING ASSESSMENT STATEMENTS

	POOR	BETTER
Observations during Testing:		
Example 1:	responded negatively to testing	a. sat in chair for only 5 of the 30 minutes
Example 2:	easily distracted	a. had to regain child's attention 15 times
Statement of Present Level:		
Example 1:	functioning at the two-year level in communication	a. is able to say "mama" and "dada" b. makes his needs known by pointing and crying
Example 2:	has tunnel vision	a. is only able to see objects placed directly in front of him
Example 3:	scored 4.3 on WRAT	a. can multiply 1 digit numbers up to 9, but cannot multiply 2 digit numbers
Educational Implications:		
Example 1:	needs speech therapy	a. observe further for use of natural gestures for commmunication to determine level of non-verbal communication b. increase numbers of sounds used c. provide training in attaching known sounds to meaningful objects/actions
Example 2:	contact social services for medical consultation	a. place instructional objects in direct line of vision b. reduce number of objects

DETERMINING ELIGIBILITY:
INFORMING PARENTS OF ASSESSMENT RESULTS

HANDOUT I

Checklist of Assessment Team Behaviors

____ Stating the purpose of the meeting

____ Introducing team members

____ Setting a definite time for conclusion of meeting

____ Rushing the meeting along

____ Ignorning responses from other team members

____ Labeling child before all test information has been provided

____ Sarcasm

____ Interrupting others

____ Professional disagreement

____ Professional put-down of parents

____ Overemphasis on one approach as the solution to problem

____ Jargon

____ Listing of test scores only

____ Professionals put-down of each other

____ Parental put-down of professionals

____ Making recommendations without professional expertise to back them up

____ Using terms which don't communicate

____ Making recommendations on the basis of a single test or observation

____ Lack of commitment to the child

____ No attempt to involve parents

____ Presenting too little information

____ Presenting irrelevant information

____ Stating outcomes of the meeting

____ Stating the next steps to be followed

TRANSCRIPT OF TEAM MEETING ON HECTOR

Principal: Good to have everyone here - ready to start the meeting. I'm the principal, I think, Mr. Wright, and I'm always happy to get together in meetings like this with the staff and the parents to plan good meetings for our students here at Weathering Heights Elementary. The purpose of the meeting today is to hold an evaluation staffing simply to determine the eligibility for special education for Hector Simple. It's about 12:15 now and I do have another appointment at 12:30, so if we can try to be as efficient as possible with our time. I'd like to introduce everybody here. Mrs. Ratchet, the nurse; the diagnostician; our psychologist; the regular education teacher (Hector's teacher); our social worker;, and the special education teacher, Ms. Pheeling. These are our parents, Just Simple, and his wife, (Hector's mother) Truly. I think we should get underway as quickly as possible beginning with the social worker's presentation. Ms. Pheeling, would you take notes on the meeting?

Social Worker: I'm Connie Dissension, the social worker for the district, BA, MA, MSW, and I visited the Simple household two weeks ago. This is the third try before successfully completing a home visit. The previous attempts were thwarted by the Simple's apparent fear of coming to their home, an understandable reaction when you've heard the rest of my report. They kept telling me that the postponements were due to prior family committments, but since a good mother with four children wouldn't really have time to play bridge and take classes, I know they simply didn't want me to see them. When I arrived at 8:30 am I was asked to sit in the living room. Mrs. Simple didn't extend me the courtesy of showing me all around the house, indicating that they were probably trying to hide something.

Principal: Ya want to get to the point a little more quickly . . .

Social Worker: Mr. Wright, you should understand, as an administrator for the district, that the total picture of the child is very important and that the whole family background . . .

Principal: I do, I do appreciate that, perhaps, just a thorough sketch would be adequate.

Social Worker: As she made coffee, I casually noticed a large collection of dirty dishes in the sink, things in disarray and 27 empty bottles of beer on the back porch. Mr. Simple was just leaving for work and apparently upset about something, kicking the furniture as he left. In order to make her more comfortable and know that I was her friend, I began the interview by kindly inquiring about some bruises on her face and legs. She explained they had been repairing the garage and she had fallen over some

Social Worker (cont.): materials. Mrs. Simple talks in a very soft voice demonstrating a great deal of timidity. I sensed from her voice and the unlikely story that she had actually suffered the bruises at the hands of her husband who probably treats her as he earlier treated the rest of the furniture. The number of empty beer bottles certainly correlates with that tendency toward abusive behavior.

Principal: Are you about half through now, would you say?

Social Worker: Yes, I am about half through. We discussed Hector and the other children. Mrs. Simple agreed that they did have occasional problems with the boy, but she felt they weren't unusual. The two older children have gone through that same phase and grown out of it. She is not concerned about his academic achievement, "both their father and I were slow in school too." I saw one of the older children as he left for school demonstrate distinct social adjustment problems. The toddler at home drools, has his tongue out most of the time and his eyes turn up at the corners indicating a strong tendency toward physical abnormality, probably mongolism. Mrs. Simple said she didn't have serious problems with any of her children. The results of my visit demonstrate that Hector's family is populated by an abusive father given to drink, an absentee, unrealistic mother and maladjusted siblings. The mother, as evidenced by her fearful voice, reticence to open up completely, failure to ask any questions of me, an inability to see the writing on the wall, clearly is masochistic in her approach to life. Neither parent with these attributes can provide an adequate or appropriate model. In our concerted effort to assist these kinds of people and to help them back to normalcy and back into societies' mainstream, it's clear that Hector is indeed emotionally disturbed and in need of all the services this professional community is more than qualified to provide.

Principal: A very thorough report, as usual, Ms. Dissention. Mrs. Task, the regular classroom teacher, if you could give your report and try to keep it as brief as possible. Time is marching on.

Regular Education Teacher: Allright, I'll try to keep it brief. I referred Hector for evaluation because I am at my wit's end with this child in my classroom. I do have 30 other children in the classroom and it was just getting too much to take. He's hyperactive, I can't control him, he's aggressive, not only that, but he can't read, write or spell. I've tried spanking him. I've tried sending notes home, I've called his parents in for conferences--none of those have worked. Lately, I did try putting him in the bull pen, which helped a little bit, but then he ran away from me and I couldn't catch him. I've tried teaching him to read by phonics, but frankly he's too stupid to get it.

DETERMINING ELIGIBILITY INFORMING PARENTS

Regular Education Teacher: I'm fed up with his nastiness and I want him out of my classroom. I believe that he belongs in special education which is just the place to deal with people like him.

Principal: OK, any questions of Mrs. Task's report? Fine, sounds like there is a certain amount of agreement here. So far, I'd like to say to the Simples that this is an effort to get all of the information out on the table as clearly as possible, and I hope you understand that we want you to feel as comfortable as possible and feel like you are a contributing member of this meeting. So, if you have any comments, don't hesitate to bring them up. Dr. Dantick.

Psychologist: Thank you. Following Mrs. Task's request for some testing, I administered the WISC revised scale to Hector. Subtests showed that Hector was very high in verbal performance and very low in actual performance, such as picture completion, and these sort of things. This gap between performance levels indicates to me a severe learning disability. To compound the situation, within the testing situation, Hector was nervous and rowdy, he was negative towards me, he was hostile and the worst part to me was that he was swearing! All the time this young man was swearing at me to the point that I was blushing. I can understand your problem, Ms. Dissension. I can see how you related to the family. That wasn't bad enough, in order to confirm my feelings about this child, the young man took my M & M bag, crushed them and smeared them all over my picture completion test. That was the end of the line! Ms. Pheeling, my warning to you is to learn to use time-out procedures. I have the feeling you are going to need them in your classroom. That's the only way I can see that Hector is going to be able to be dealt with. In conclusion, my feelings are that Hector is eligible for special services, special education facilities. He is both learning disabled and emotionally disturbed.

Principal: Thank you for your brief report, Dr. Dantick. We have some additional information from the diagnostician on his educational performance. Ms. Testor.

Diagnostician: I'd like to explain to the parents that I gave Hector a variety of tests to help us get him into special education services, and I, too, had difficulty working with Hector. He was rude and insolent when he came into the testing situation and it was only after I gave him a model car did I get any positive response from Hector. I did give him a variety of tests which all confirmed that he does qualify for special education and we can get him in that special education program as soon as possible, I hope. I gave him a DAP, Keymath, Math probes, PIAT spelling subtest, ISI and the Mills Learning Method. Now, the DAP showed poor self-concept, overt hostility

Diagnostician (cont.): and aggression and, of course, we have confirmed that in our other observations of the child. Some of the things he did were such things as making very tiny drawings and shading the hair and putting clenched fists on the figures. The Keymath, his scores were as follows: numeration, 3.5; subtraction, 3.2; multiplication, 2.0; division, no score; numerical reasoning, 2.8; word problems, 2.9; money, 3.0; missing elements, 1.9; and his total score was 2.4. On his math probes he was able to count to 100, he could count by 2's, 5's and 10's to 100. He can write dictated numbers, add 2 and 3 place numbers, but he cannot carry.

Principal: Ms. Testor, I think those are all very interesting. The scores more or less speak for themselves. Could you try to make it as brief as possible.

Diagnostician: OK, on his Durell Capacity, he made a GE of 1.0; on the PIAT, his GE was 1.5 on the spelling subtest, and on the ISI he visualized the beginning of the words but omits the middle. On the Mills Learning Method, the score indicates that he would learn best if a VAKT approach would be used. Thank you very much. I hope this is helpful.

Principal: Thank you. I find those reports always very interesting.

Diagnostician: Oh, excuse me, I left off his reading scores. On the Durell Analysis Visual Memory subtest he was 1.0; the Woodcock Reading Mastery, letter identification, 4.3; word identification, 2.9; total reading was 2.9. On the IRI he added words and sounds, reversed words, omitted letters and could not blend sounds. I think that really gives you a clear picture of his ability.

Principal: Do you think you are pretty much in agreement with the other reports given so far, that your data confirms that.

Diagnostician: Oh yes, yes, well below grade level.

Principal: The next report is from the school nurse, Miss Ratchet.

Nurse: OK, I had Hector in my examining room and had a little bit of difficulty chasing him around my table, but I did test his vision and hearing and they are both good so we can't blame that. It sounds like he has behavior problems and I've heard that Thorazine works on occasion, and also Ritalin is found effective with children with MBD. And if worse comes to worse, there is always electric shock, ya know. That's about all I can suggest, but I'd like to know what the mother thinks of all this.

Mother: Well, I just don't understand the problem at all because I've never had any trouble controlling Hector's behavior. To me it seems like it must be the teacher's fault. We've never had complaints like this in his earlier grades, so

Mother (cont.):	obviously she just doesn't know how to handle her classroom children.
Father:	And what's all this talk about drugs? You'd think we were standing in the corner of Haight Ashbury having hippies come up and offer selling us reds, greens, whites, and blues. And my God, this testing---you sit there reading off names and numbers. You're not speaking English. You'd think you were getting paid by the syllable for some of these reports. Hey, this is really ridiculous. You're sitting there talking, I don't know who understands what is going on in here. I don't.
Principal:	I think there is a good deal, Mr. and Mrs. Simple, of information in these reports. It is of a technical nature, I'll agree with you there, but there is a high degree of agreement among the staff on Hector's difficulties, and we're just trying to find the best solutions we can to those problems. I want you to feel free to speak out, I appreciate your honesty, but ...
Mother:	I feel the best solution would be for the teacher to spend more time actually teaching the child instead of complaining about his home life and his behavior and harrassing his parents.
Diagnostician:	But, in defense of the teacher, I'll have to say that my tests supported her referral regarding this child. He really does have severe academic problems.
Father:	You'd never know, all it was was a series of numbers and letters that we got, IEP, 2.3, what does that mean to us?
Diagnostician:	Well, if you would like to look at these tests after we talk today.
Father:	I don't want to look at them. I just want to understand them.
Diagnostician:	Well, probably if you were an educator...
Principal:	In simple terms, I think the tests tend to indicate as most of the reports do, that Hector has some fairly serious problems. I think we have one more report that we need to get to before the meeting is wrapped up. Ms. Pheeling, I hope you are getting all this down in notes. Your report then.
Special Education Teacher:	I'm Ms. Pheeling, the Special Education Teacher, and I just really think we have gotten off on the wrong track. I mean all this talk about academics, and we're not even looking at the affective side of Hector. I mean, he is,

Special Education Teacher: (cont.) afterall, more than just caught up in educational concerns. He's a total child. That's what we are interested in, the total child. Now for instance, I happen to have read a book by John Holt, "Schools Without Failure", and it really lays responsibility for emotionally disturbed children on the regular education program. Now if Hector had a teacher that wasn't so drove up all the time. I mean if she were more layed back, I think she could really relate to Hector on the level of where he is. If I bring Hector into my classroom we're not going to spend a lot of time on academics, we're going to spend time on improving his self-concept. I'm going to use values clarification. I'm going to really relate to Hector where he is, in the here and now. That's what is important.

Regular Education Teacher: If I had 8 children in my classroom, I could probably spend a lot of time on Hector's affective domain too.

Principal: I think we are getting a little bit out of control here.

Regular Education Teacher: Well, I just wanted to say something in my own defense. I have a lot of children in my classroom and not very much time to spend...

Special Education Teacher: Ms. Task and Dr. Dantick, I want you both to know that I am not into behavior modification and time-out just has no place in my room. I mean it's all feeling,affect, that's what counts. It's GOWI, get on with it, that's what my room is about.

Dr. Dantick: Ms. Pheeling, with my experience with Hector's case, you will be having a great deal of feeling!

Principal: If we could bring this discussion somewhat to a close, you would say, at least, that Hector has difficulties. So we are fairly well in agreement in the meeting, that Hector is learning disabled, he is behaviorally disturbed, emotionally disturbed, and that he needs placement in a special education classroom and I think your program, Ms. Pheeling, sounds excellent. So, if it is the agreement of the group by consensus, we'll schedule a meeting for the development of the child's individual education program next Tuesday at 7:30. Thank you for attending, Mr. and Mrs. Simple. Thank you for your cooperation.

Diagnostician: 7:30 in the morning or 7:30 in the evening?

Principal: 7:30 in the morning.

Groan, Groan .....

Staffing Procedures

Activity	Applicable	Not Applicable	Alternative Recommended Procedure
PRESTAFFING PROCEDURES 1. Determine who should be present at the staffing based on the child's problem and the parents' feeling about the size of this group.			
2. Establish timelines for the meeting and communicate them to the parent(s) and staff.			
3. Develop an agenda -- both time and content.			
4. Establish the roles of professionals at the staffing.			
5. Establish the ground rules for the staffing.			
6. Meet with staff to share diagnostic data but not to make decisions.			
7. Establish procedures for information sharing.			
8. Determine if the student should be invited.			
CONTACT WITH PARENTS PRIOR TO THE STAFFING 9. Ask the parent(s) who should be at the staffing. Do they want only a few professionals present who will give summaries of all the professionals' reports, or do they want everyone who has assessed the child to attend and give his/her own report?			
10. Inform parent(s) of their rights and responsibilities.			
11. Ask the parent(s) to be prepared to give specific information which would be needed to complete the eligibility decision.			

TERMINING ELIGIBILITY
INFORMING PARENTS

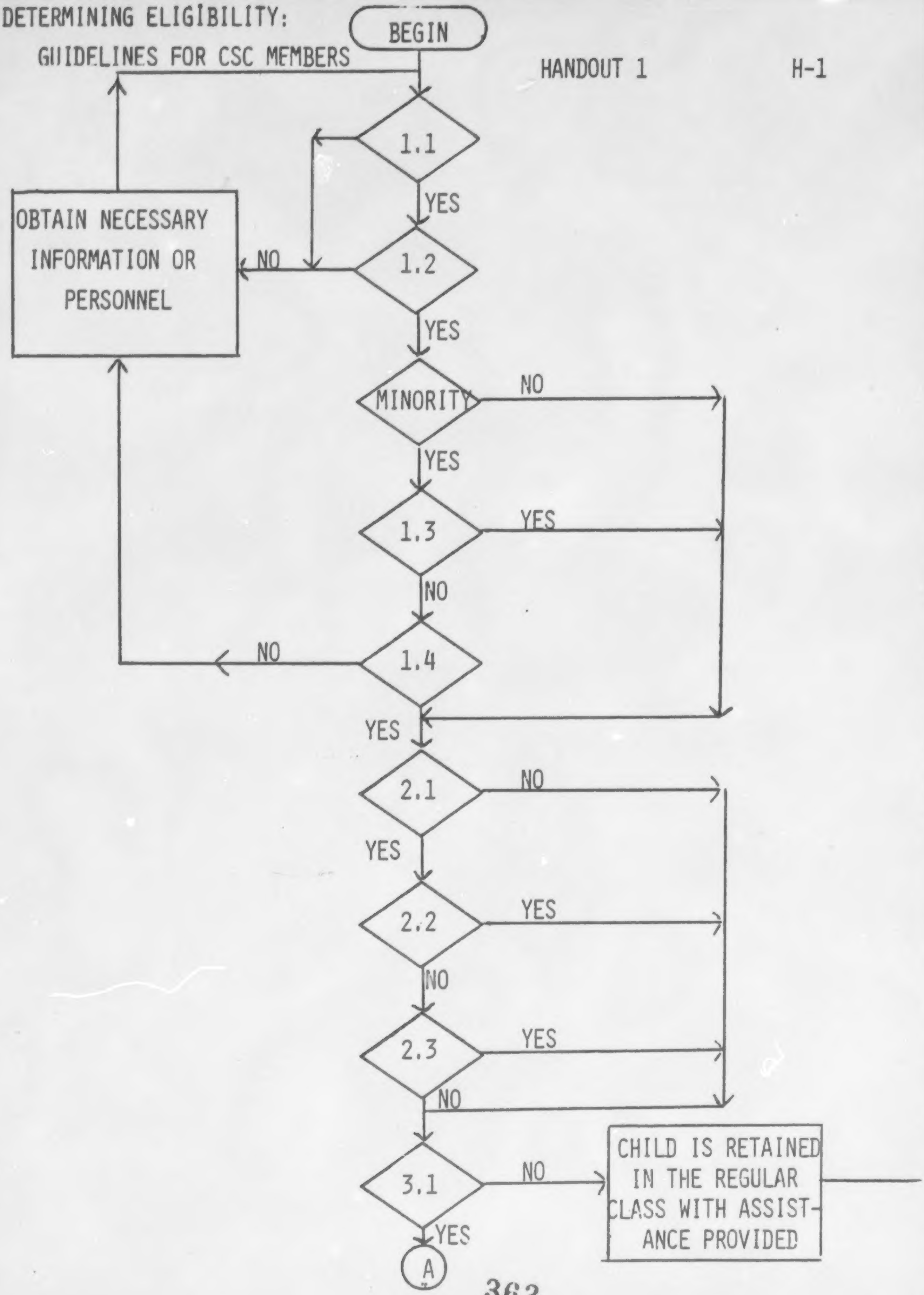
Staffing Procedures

Activity	Applicable	Not Applicable	Alternative Recommended Procedure
CONTACT WITH PARENTS PRIOR TO THE STAFFING			
12. Let the parent(s) know of their role as "continuing informers" and decision-makers.			
13. Ask the parents if they want an advocate to attend the staffing with them.			
CONDUCTING THE STAFFING			
14. Specify the desired outcomes of the staffing.			
15. Set dates for developing the IEP.			
16. Introduce the staff and explain the roles of the staff to everyone there.			
17. Give parent(s) opportunities to share with the group their specific observations of their child.			
18. When appropriate, conduct the staffing at a non-traditional location and/or a non-traditional time.			
19. Be sure that the parent realizes that s/he is a decision-maker and no decision can be made without her/him.			
POST STAFFING PROCEDURES			
20. Plan home-school activities.			
21. Implement procedures for information sharing.			
22. Evaluate the staffing - ask parents to evaluate either verbally or by completing a form.			
23. Be sure that the case manager is available for questions and follow-up.			

DETERMINING ELIGIBILITY:
GUIDELINES FOR CSC MEMBERS

DETERMINING ELIGIBILITY:
GUIDELINES FOR CSC MEMBERS

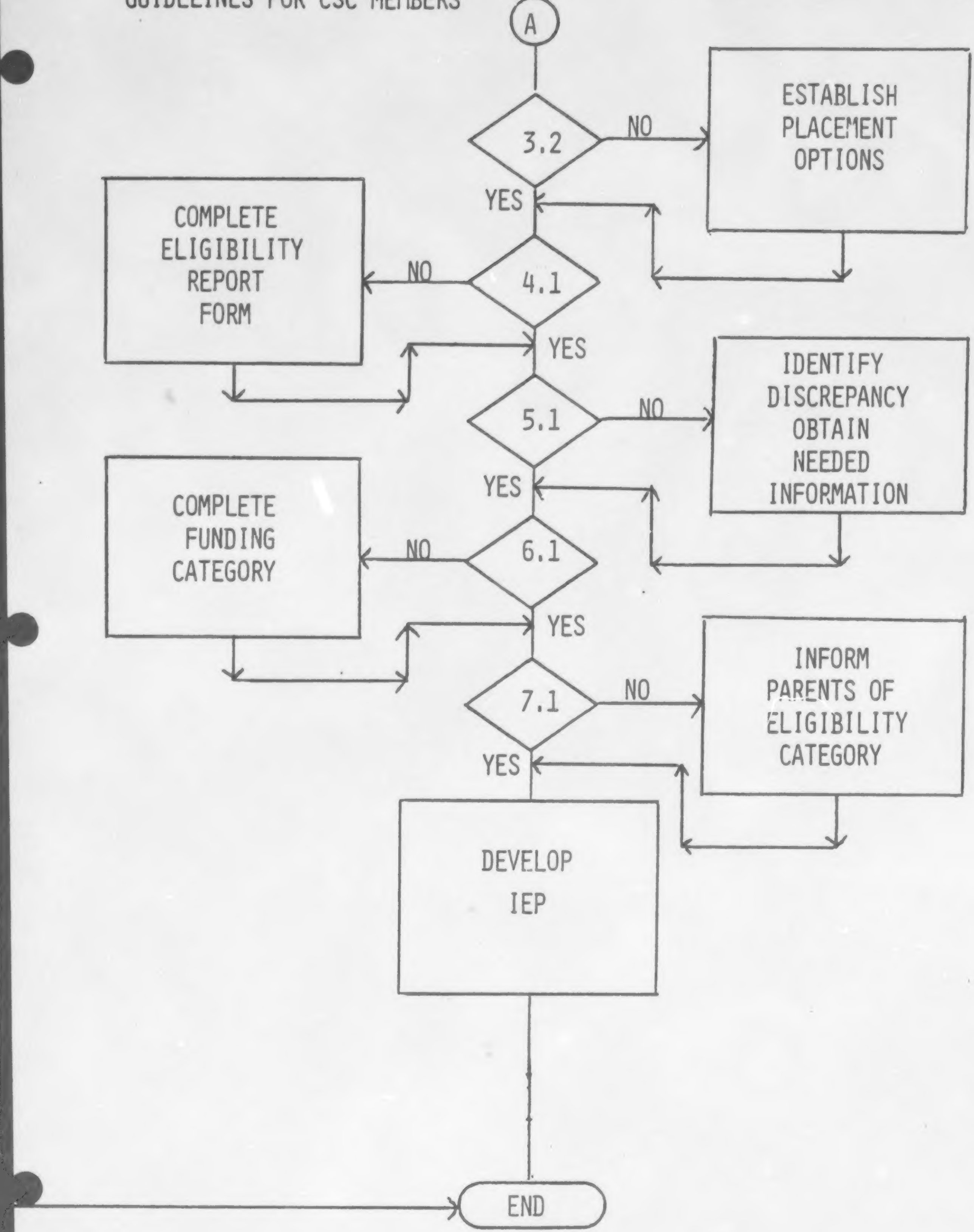
HANDOUT 1 H-1


BEGIN
1.1
YES
OBTAIN NECESSARY INFORMATION OR PERSONNEL
NO
1.2
YES
MINORITY
NO
YES
1.3
YES
NO
1.4
NO
YES
2.1
NO
YES
2.2
YES
NO
2.3
YES
NO
3.1
NO
CHILD IS RETAINED IN THE REGULAR CLASS WITH ASSISTANCE PROVIDED
YES
A

DETERMINING ELIGIBILITY GUIDELINES FOR CSC MEMBERS

HANDOUT 2

H-2


A
3.2
NO
ESTABLISH PLACEMENT OPTIONS
YES
COMPLETE ELIGIBILITY REPORT FORM
NO
4.1
YES
IDENTIFY DISCREPANCY OBTAIN NEEDED INFORMATION
NO
5.1
YES
COMPLETE FUNDING CATEGORY
NO
6.1
YES
INFORM PARENTS OF ELIGIBILITY CATEGORY
NO
7.1
YES
DEVELOP IEP
END

DETERMINING ELIGIBILITY HANDOUT 3
GUIDELINES FOR CSC MEMBERS

GUIDELINES FOR CSC MEMBERS

1.0 Review comprehensive assessment results.
  1.1 Is vision, hearing, cognitive, educational, socio-emotional, and motor information present?
  1.2 Is needed medical and social history information present?
  1.3 Have tests appropriate to the child's cultural and socio-economic background been used?
  1.4 If a child is lacking in adequate usage of English, have appropriate tests or personnel been used in assessment or has an interpreter been requested?

2.0 Pinpoint areas of program needs.
  2.1 Do all available test results indicate special needs?
  2.2 Can needs be met in regular program?
  2.3 Can needs be met in regular program with support help?

3.0 Indicate severity of needs.
  3.1 Are needs so severe that they can only be met in special education program?
  3.2 **Are special education placement options available to meet needs?**

4.0 Document in writing all information used to identify needs.
  4.1 Has eligibility report form been completed?

5.0 Review state and federal guidelines for placement.
  5.1 Do data elements match requirements for eligibility?

6.0 Determine eligibility category.
  6.1 Has funding category section been completed on eligibility report form?

7.0 Inform parents of eligibility category.
  7.1 Have parents been informed of eligibility category?

8.0 Develop IEP.

HANDOUT 4

FORM 10

REQUEST FOR INTERPRETER/TRANSLATOR

PURPOSE: All communication with parents of children referred for service or receiving service should be conducted in the primary language of the home. If it is determined that the language is other than English and that an interpreter/translator is needed to facilitate communications between school personnel and the parents and/or the child, then this form should be completed and submitted to the appropriate person or agency. A copy should be maintained on file.

1. CHILD'S NAME: ______________________________

   PARENT'S NAME: ______________________________

   ADDRESS: ______________________________
   Number Street

   ____
   City State Zip Code

2. The primary language of the home is ______________________________

3. An interpreter/translator will be needed for the following:

______Prior Notice
______Consent for evaluation
______Parent/Teacher Conference
______Development of IEP
______Annual Review of IEP
______Review of Records
______Hearing Procedures

4. An interpreter/translator is needed on the following date(s):

____

____

____

____

5. Person(s) initiating request:

____

____

____

HANDOUT 5

ELIGIBILITY REPORT FORM

Conference Date ______________

Child's Name ______________________________ Date of Birth ______________

Address ______________________________ Parent ______________________

School ____

As a result of the following assessments, the child ☐ is/ ☐ is not eligible to receive special education under the category of ______________________

AREAS OF SPECIAL NEED	DOCUMENTATION (ASSESSMENTS)	DATE OF EVALUATION

Signed ______________________________ Team Members ______________________

Title ______________________________ ______________________

Date ______________________________ ______________________

The information on this form was shared with the parents on ______________ (date)

by ______________________________.

☐ The parents accepted the results of the testing.

☐ The parents disagreed with the assessment results. Explain action. _____

____

____

☐ It was explained that parents will receive an invitation to attend a meeting to develop an individualized education program for their child.

Comprehensive Evaluation Report
(Synthesis of Assessment Reports)

Student:	Hector Hyper	Parents:	Just & Truly
D.O.B.:	10-16-70	Age:	9 years - 2 months
Sex:	Male	Grade:	4th
School:	Weathering Heights	Teacher:	O. N. Task

Reason for Referral:

Hector was referred for evaluation due to hyperactive and aggressive behavior in the classroom. He is presently achieving at the first grade level in all of his basic school subjects; in particular, reading, writing, and spelling.

Assessment Techniques or Instruments Used:

Assessment Instruments	Professional	Date
1) Wechsler Intelligence Scale for Children	Dr. P. Dantick	10/25/79
2) Self Concept Inventory	Dr. P. Dantick	9/4/78
3) Teacher Interview	Dr. P. Dantick	9/2/79
4) Mills Learning Method	Ms. Edna Testor	11/1/79
5) Walker Problem Behavior Checklist	Ms. O. N. Task	10/16/79
6) Woodcock Reading Mastery Test	Ms. Edna Testor	10/28/79
7) Informal Reading Inventory	Ms. Edna Testor	10/28/79
8) Peabody Individual Achievement Test (Spelling Subtest)	Ms. Edna Testor	11/1/79
9) Informal Spelling Inventory	Ms. Edna Testor	11/1/79
10) Key Math Diagnostic Arithmetic Test	Ms. Edna Testor	11/6/79
11) Math Probes	Ms. Edna Testor	11/7/79
12) Picture Story Language Test	Ms. Edna Testor	11/8/79
13) Psycholeducational Evaluation of Basic Learning Abilities (Gross Motor, Sensory Motor Integration Subtests)	Ms. Edna Testor	11/15/79

Observation during Assessment:

Hector

Intelligence testing was conducted in a small room in the basement next to the boys' bathroom. Hector arrived for testing 45 minutes late because Ms. Task had placed him in the bull pen. He used four letter words. He also refused M & Ms as a reward for cooperation, smearing them all over the WISC-R protocol.

At that time, a small model airplane was introduced. Hector was told that he could have the airplane if he played games with the examiner. Immediately he ceased his negative responses and became very cooperative.

Additional testing was conducted by Ms. Edna Testor, the educational diagnostician. Ms. Testor reported that although Hector was rude and insolent, he participated in testing when given a model car.

Hector's Parents

A parent conference was held to inform the parents of his behavior and to determine what methods of control were used at home. The mother reported that spanking was regularly used as well as locking him in a dark closet. This seems to have caused a generalized phobic reaction to being placed in a time out room. After placement in time out, he shows a catastrophic reaction indicative of severe emotional disturbance.

Hector's Teacher

Ms. Task reported the frequency of Hector's behavior over a 10 day period. There were 25 instances of hitting other children, 10 instances of tearing up his work sheets, 20 instances of using 4 letter swear words. However, Ms. Task also reported that Hector likes art and science.

Results of Assessment:

I. Physical Development

Hector's birth history is normal, although delivery time was reported to be one hour. There are no recorded developmental problems. Records indicate regular childhood diseases and no serious illnesses or injuries. Vision and hearing screening showed normal results. However, the results of the Valett Psychoeducational evaluation of basic learning difficulties indicated difficulties with discriminating left-right, up-down, forward-backward. He also has difficulties with time concepts.

II. Cognitive Development

On the Wechler, Hector obtained a verbal score, performance score and a full scale score which placed his general level of intellectual functioning within the normal intellectual range.

He made the following scale scores on the Wechler subtests. (Average performance would be reflected by a scaled score of 10 on each subtest.)

Verbal		Performance	
Information	15	Picture Completion	5
Comprehension	14	Picture Arrangement	10
Arithmetic	13	Block Design	5
Similarities	16	Object Assembly	5
Vocabulary	14	Coding	5

Hector's present level of functioning in the cognitive areas is as follows. He shows exceptional ability in tasks which utilize the auditory vocal mode. Tests show him functioning in the superior range on general knowledge abstract thinking and relationships, word knowledge and understanding of social situations. He appears to do very poorly on tasks involving the visual motor mode. He is functioning below his age level in the ability to recall what he sees, perceive, analyze, synthesize and reproduce abstract designs. He is also functioning below his age level in the ability to reproduce familiar forms from memory and the ability to learn visual motor skills from repetitive experiences. He is functioning at age level in his ability to interpret a social situation.

III. Social Emotional Level

A self concept inventory indicated that Hector feels good about his physical size but feels badly about the way in which he behaves in class. The scores on the Walker Problem Behavior Checklist indicates that: he has difficulty concentrating any length of time, he disturbs other children, teases, provokes fights, interrupts others, displays physical aggression toward objects or persons, he is overactive, restless and/or continually shifting body positions.

IV. Educational Performance

1) Reading: Hector shows deficits in the ability to remember letters and words which are presented visually. When reading orally, he frequently adds words to paragraphs, reverses words, and omits letters from words. He cannot blend single sounds, however, he does know all of the single consonant sounds except f, w, y, r.

   In addition, he recognizes 50 basic sight words at grade 1 level, recognizes sound of beginning and ending consonants t, d, s, p, m, does not know vowel sounds in medial position, has difficulty understanding relationships due to poor word recognition, poor word recognition also lowered scores in passage comprehension, could do well if sentences read to him, instructional range is 1.5 to 2.0.

2) Spelling: Hector is able to correctly spell the words me, go, man, cow, girl, and has. However, in spelling other words, he visualizes the beginning of the word, but omits the middle and he frequently gives the correct letters but places them in the wrong sequence. He also spells phonetically substituting the incorrect grapheme for the phoneme.

3) Written Language: Although Hector's verbal skills are quite good, his written language shows a delay of approximately 3 years. He writes sentences of no more than three words, his sentences are very concrete.

4) Math: Hector counts to 100, counts by 2's, 5's, 10's to 100, writes indicated numbers, adds 2 & 3 place numbers, no carrying, subtracts 2 place numbers, no borrowing, cannot add 2 & 3 numbers with carrying, cannot subtract 2 & 3 numbers with borrowing.

Furthermore, he does not know ordinal relationships, roman numerals or division factors, he does not have concept of ½, he has difficulty seeing parts of whole, he can add single digit number sums to 10, can add 2 digits + 1 digit no regrouping, can subtract single digit numbers, can subtract 2 digit numbers no regrouping, does not know multiplication or division facts, can do mental computation of single digit numbers.

V. Data Interpretation: Student's Strengths and Needs

A. General Ability

Hector's test results suggest that he functions within the normal intellectual range.

B. Relative Strengths

1. Verbal fluency and auditory vocal tasks (WISCR)
2. Gross motor skills (Valett)
3. Counting and single digit computation (Math probes) Addition and subtraction
4. Recognition of 50 basic sight words, beginning and ending consonant sounds t, d, s, p, m (Woodcock)
5. Multisensory Learning Style (Visual Auditory Kinesthetic and Tactile) (Mills)
6. Ability to add single digit numbers sums to 10, 2 digit + 1 digit no regrouping, can subtract 2 digit numbers no regrouping (Keymath)

C. Relative Weaknesses

1. Directional orientation and time (Valett)
2. Non verbal tasks, visual memory, visual motor tasks (WISCR)
3. Word attack, passage comprehension (Woodcock, IRI)
4. Addition, regrouping, subtraction, renaming (Math probes)
5. Multiplication, missing elements, numerical reasoning and word problems, division, ordinal numbers (Keymath)
6. Written language (Picture Story Language Test)
7. Behavioral control: swearing, physically assaulting other children, teasing, provoking fights, short attention span (Teacher interview and Walker)

Eligibility Recommendations:

Hector's intelligence is within the normal range, therefore educable mentally retarded is ruled out as handicapping condition. However, as his intelligence is normal he could be expected to achieve at a 4th grade level as there appear to be no environmental, cultural or economic disadvantages which would interfere with his achievement. Since Hector is achieving almost three years below expected grade placement, this appears to be a severe discrepancy which cannot be corrected without special education and related services.

Therefore it is recommended that Hector be considered eligible to receive special education and related services under the handicaping category of specific learning disabled. His behavior problems do not appear to be severe enough to warrant the classification severely emotionally disturbed.

Signatures:

Agree with findings/recommendations

Signature Title

Disagree with findings/recommendations

Signature Title

HANDOUT 7

APPENDIX F

Definitions

Appropriate Educational Services means the educational services recommended for a handicapped child as a consequence of multi-disciplinary assessment conducted by personnel properly certificated and endorsed and/or licensed to render assessment services and supported by a Child Study Committee of the district in which the child is a resident.

Handicapped Child means a child or youth who, as a consequence of an individual assessment conducted by a multidisciplinary team comprised of properly certificated and endorsed and/or licensed personnel, is identified as having a mental physical or psychological handicap or social maladjustment which impairs learning.

Hearing Impairment means:

1. deafness wherein residual hearing is not sufficient for understanding spoken word and to develop language, resulting in deprivation in learning and communication, or

2. hard of hearing wherein a hearing loss which prevents full awareness of environmental sounds and spoken language, limiting normal language acquisition and educational achievement.

Mental Retardation means significantly below-average general intellectual functioning which exists concurrently with deficits in adaptive behavior and is manifested during the developmental period of life. (Adaptive behavior is the effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group. The retardation may be mild, moderate, severe or profound.)

Multihandicap means two or more major handicaps (i.e., mental retardation, hard of hearing, orthopedic, behavior disorder) which result in such severe educational problems that extraordinary programs and services are necessary to meet the individual's educational needs.

Orthopedic Impairment means congenital or acquired impairments to the orthopedic system--bone, joint or muscle--to the degree that the school facilities or equipment require special adaptation and modification, or the individual requires a special instructional program or other special services.

Other Health Impairment means prolonged health impairment, either permanent or impermanent, which significantly interferes with learning and requires a special instructional program or service or requires adaptation of the school facilities.

Parent means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with Chapter XI, Section 5g of these regulations.

DETERMINING ELIGIBILITY: GUIDELINES FOR CSC MEMBERS

Related Educational Services means services above and beyond the typical services necessary to help a handicapped child benefit from special and/or regular education either within or outside of the district, including tuition, transportation, room and board, family move, itinerant instruction, and such developmental corrective and supportive services as speech therapy and audiology, educational and psychological assessment, physical and occupational therapy, social case work, and homebound and hospital instruction.

Social/Emotional Handicap means manifestation of one or more of the following characteristics to a marked degree over an extended period of time:

1. difficulties in learning that cannot be explained by intellectual, sensory or health factors;
2. difficulties in building or maintaining satisfactory interpersonal relationships with peers, parents and teachers;
3. a general pervasive mood of unhappiness, depression or hypersensitivity;
4. a tendency to develop physical symptoms, pains or fears associated with personal or school problems;
5. inappropriate behavior or feelings under normal circumstances.

Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Speech and Language Handicap means speech or language that deviates so much from that of other people that it calls attention to itself, interferes with communication, or causes its possessor to be maladjusted.

Visual Handicap means:

1. partial vision wherein after correction, vision, although impaired, remains a primary channel of learning and with adjustments, the visual tasks required in the usual school situation can be performed;
2. blindness wherein after correction, there is no vision or little potential for using vision as a primary channel for learning and, consequently, reliance must be made upon tactual and auditory senses to obtain information.

121a.533 PLACEMENT PROCEDURES

(a) In interpreting evaluation data and in making placement decisions, each public agency shall:

(1) Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background and adaptive behavior;

(2) Insure that information obtained from all of these sources is documented and carefully considered;

(3) Insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data and the placement options; and

(4) Insure that the placement decision is made in conformity with the least restrictive environment rules in 121a. 550 - 121a. 554.

(b) If a determination is made that a child is handicapped and needs special education and related services, an individualized education program must be developed for the child in accordance with 121a. 340 - 121a. 349 of Subpart C.

WYOMING ELIGIBILITY CRITERIA

I. DOCUMENTATION

II. WRITTEN PARENTAL CONSENT

III. IEP

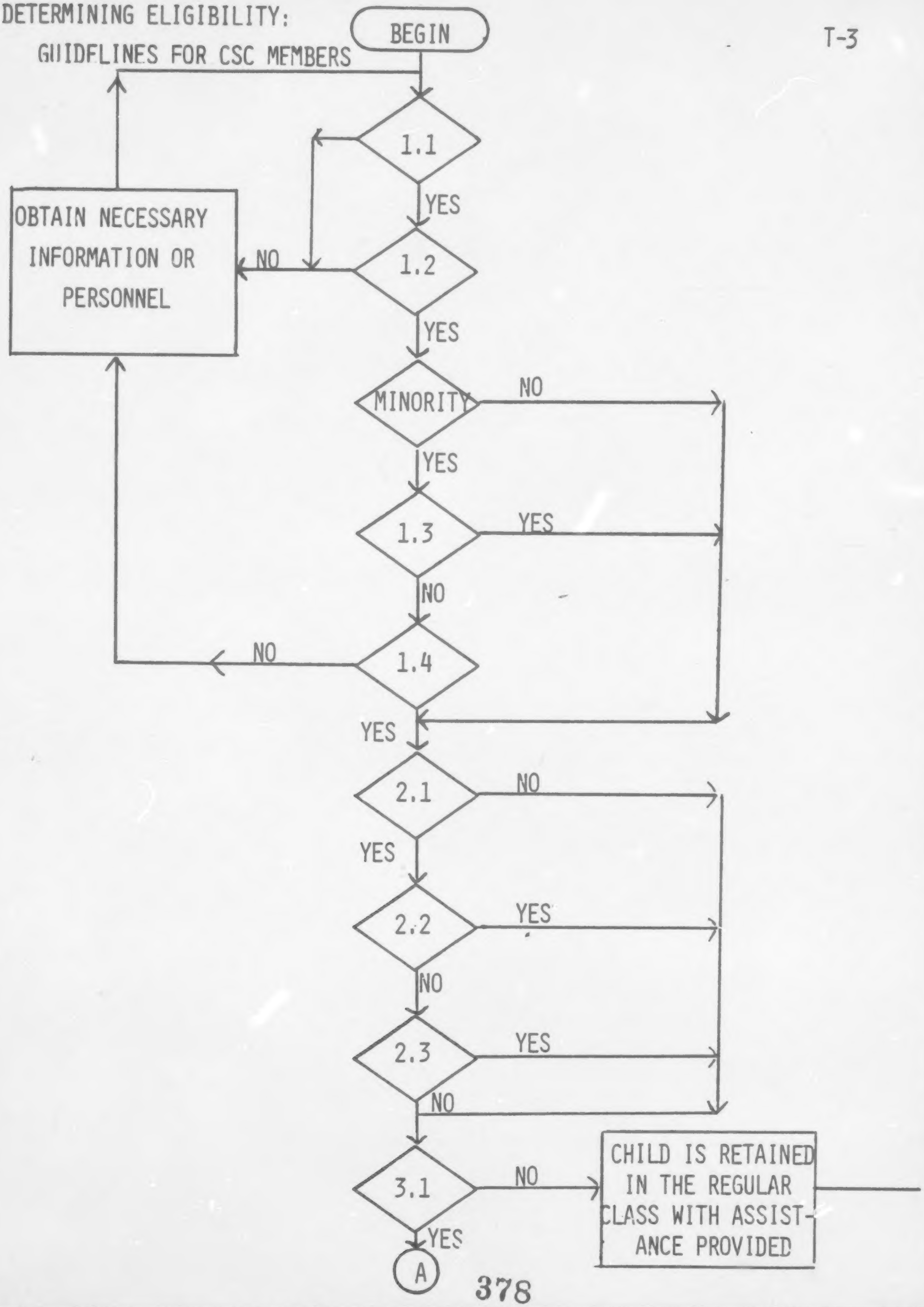
IV PLACEMENT

V. CULTURAL ACCOMODATION

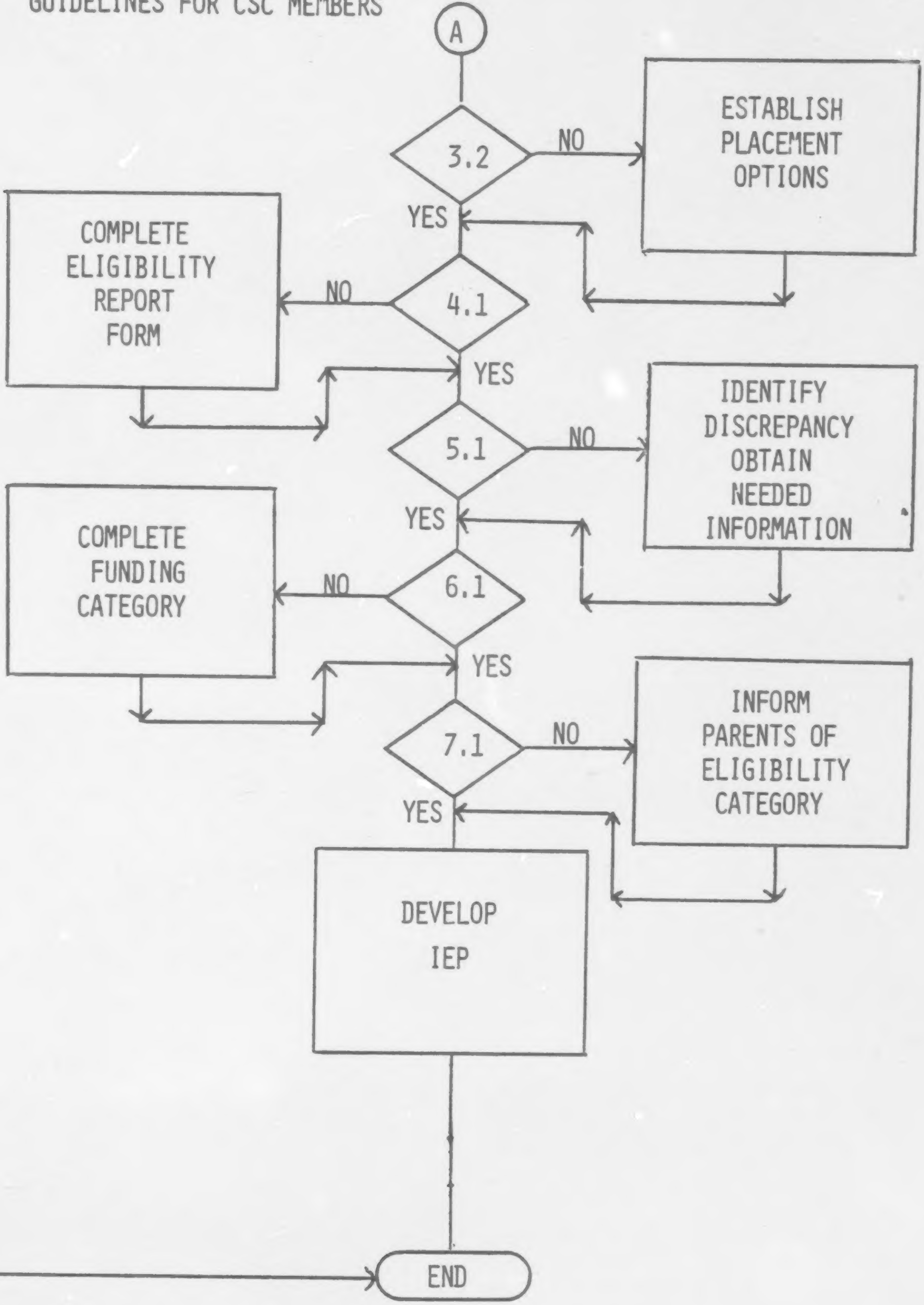
VI. PROGRESS, PLACEMENT, PROGRAM REVIEW

DETERMINING ELIGIBILITY:
GUIDELINES FOR CSC MEMBERS

T-3


BEGIN
1.1
YES
OBTAIN NECESSARY INFORMATION OR PERSONNEL
NO
1.2
YES
MINORITY
NO
YES
1.3
YES
NO
NO
1.4
YES
2.1
NO
YES
2.2
YES
NO
2.3
YES
NO
3.1
NO
CHILD IS RETAINED IN THE REGULAR CLASS WITH ASSISTANCE PROVIDED
YES
A

DETERMINING ELIGIBILITY
GUIDELINES FOR CSC MEMBERS


A
3.2
NO
ESTABLISH PLACEMENT OPTIONS
YES
COMPLETE ELIGIBILITY REPORT FORM
NO
4.1
YES
IDENTIFY DISCREPANCY OBTAIN NEEDED INFORMATION
NO
5.1
YES
COMPLETE FUNDING CATEGORY
NO
6.1
YES
INFORM PARENTS OF ELIGIBILITY CATEGORY
NO
7.1
YES
DEVELOP IEP
END

DEVELOPING IEPs
CHILD STUDY COMMITTEE

HANDOUT 1

Participants at IEP Meeting

Participation at the IEP Meeting will change with the needs of the individual child. It is well to involve "persons with a variety of competencies and skills in the decision making process; involve individuals who have the authority to provide support for implementing decisions; involve potential implementors in decision making."

The committee should be composed of at least the following individuals (from Federal Register, August 23, 1977):

(a) General. The public agency shall insure that each meeting includes the following participants:

(1) A representative of the public agency, other than the child's teacher, who is qualified to provide, or supervise the provision of, special education.

(2) The child's teacher.

(3) One or both of the child's parents.

(4) The child, where appropriate.

(5) Other individuals at the discretion of the parent or agency.

(b) Evaluation personnel. For a handicapped child who has been evaluated for the first time, the public agency shall insure:

(1) That a member of the evaluation team participates in the meeting; or

(2) That the representative of the public agency, the child's teacher, or some other person is present at the meeting, who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

COMMENT. 1. In deciding which teacher will participate in meetings on a child's individualized education program, the agency may wish to consider the following possibilities:

(a) For a handicapped child who is receiving special education, the "teacher" could be the child's special education teacher. If the child's handicap is a speech impairment, the "teacher" could be the speech-language pathologist.

(b) For a handicapped child who is being considered for placement in special education, the "teacher" could be the child's regular teacher, or a teacher qualified to provide education in the type of program in which the child may be placed, or both.

(c) If the child is not in school or has more than one teacher, the agency may designate which teacher will participate in the meeting.

2. Either the teacher or the agency representative should be qualified in the area of the child's suspected disability.

3. For a child whose primary handicap is a speech impairment, the evaluation personnel participating would normally be the speech-language pathologist.

Parental involvement in the formal placement process is extremely important for the following reasons:

1. The information which they can bring to the committee may greatly enrich the total committee's understanding of the needs of the child and family.
2. Involvement will usually be associated with a greater chance of parent cooperation.
3. Cooperation is essential to the success of the child's program.
4. The parent's presence can help assure that they clearly understand the functions of the committee.
5. The parent's informed consent is legally essential at several stages of the committee's functioning.

TEAM APPROACH TO IEP OFFERS OPPORTUNITIES TO:

1. Involve persons with a variety of competencies and skills in the decision-making process
2. Increase support for implementing decisions
3. Involve potential implementors in the decision-making process'
4. Conform to due process guidelines

COMPOSITION OF THE CHILD STUDY COMMITTEE

1. A representative of the public agency who is qualified to provide or supervise the provision of special education. ● REQUIRED
2. The child's teacher or teachers, special and/or regular. ● REQUIRED
3. One or both of the child's parents. ● REQUIRED
4. The child, where appropriate. ● REQUIRED
5. Other individuals, at the discretion of the parent or agency. ● REQUIRED
6. A member of the evaluation team or a person who is knowledgeable about procedures and familiar with the evaluation results. ● REQUIRED (for a handicapped child who is being evaluated for the first time)

CSC

COMMON RESPONSIBILITIES OF ALL TEAM MEMBERS:

PROVIDE SPECIFIC INFORMATION DESCRIBING STUDENTS STRENGTHS AND WEAKNESSES

MAKE SUGGESTIONS FOR DEVELOPMENT OF INDIVIDUAL EDUCATION PROGRAM

PROVIDE RECOMMENDATIONS FOR PLACEMENT

WORK COOPERATIVELY WITHIN A MULTI-DISCIPLINARY TEAM

T-3

THE ADMINISTRATOR'S (or administrative representative's) ROLE

- MAY PRESIDE OVER CHILD STUDY TEAM MEETING
- EXERCISES LEADERSHIP - SETS A POSITIVE TONE
- ENSURES DUE PROCESS PROCEDURES
- MAY SUPERVISE RECORD-KEEPING PROCEDURES
- MAY MAKE ARRANGEMENTS FOR TEAM MEETINGS

THE REGULAR CLASSROOM TEACHER'S ROLE

- PROVIDES INFORMATION CONCERNING CURRENT CLASSROOM PERFORMANCE
- MAY PARTICIPATE IN THE DEVELOPMENT AND IMPLEMENTATION OF IEP: INSTRUCTIONAL/IMPLEMENTATION PLAN (WORKING COOPERATIVELY WITH A SPECIAL EDUCATION TEACHER AND/OR OTHER SERVICE PROVIDER)

THE SERVICE PROVIDER'S ROLE

- EXPLAINS CAPABILITIES AND LIMITATIONS OF PLACEMENT OPTIONS
- EXPLAINS SPECIFIC GOALS AND OBJECTIVES OF PROGRAM
- EXPLAINS INSTRUCTIONAL TECHNIQUES AND MATERIALS
- DEVELOPS AND MONITORS THE IEP: INSTRUCTIONAL IMPLEMENTATION PLAN
- MAINTAINS CLOSE CONTACT WITH PARENTS

EVALUATION PERSONNEL

- COMPILE CHILD EVALUATION INFORMATION
- PROVIDE SPECIFIC INFORMATION DESCRIBING CHILD'S STRENGTHS AND WEAKNESSES
- PROVIDE SPECIFIC INFORMATION AND RECOMMENDATIONS FOR PLACEMENT AND PLANNING DECISIONS

THE PARENT(S)'/ CHILD'S ROLE

- PROVIDE BACKGROUND INFORMATION
- PARTICIPATE IN THE DEVELOPMENT OF THE IEP TOTAL SERVICE PLAN (e.g., help select long-term goals)
- PROVIDE CONSENT FOR STUDENT TO RECEIVE SPECIAL EDUCATION SERVICES (parent(s)
- PARTICIPATE IN IEP ANNUAL REVIEW

WHY PARENTAL INVOLVEMENT?

- INFORMATION WHICH THEY CAN BRING TO THE TEAM MAY ENHANCE THE TEAM'S UNDERSTANDING OF THE CHILD AND FAMILY
- PARTICIPATION WILL USUALLY BE ASSOCIATED WITH GREATER PARENT COOPERATION
- PARENT COOPERATION IS ESSENTIAL TO THE SUCCESS OF THE CHILD'S PROGRAM
- PRESENCE OF THE PARENTS MAY ASSURE THEIR UNDERSTANDING OF TEAM ACTIVITIES
- INFORMED PARENTAL CONSENT IS REQUIRED AT SEVERAL POINTS IN THE TEAM'S FUNCTIONING

(Sample)
Form 9

School District
Address
City, Wyoming ZIP
(307) Phone

PARENT NOTIFICATION OF CHILD STUDY COMMITTEE MEETING AND PRIOR NOTICE

Date____________________________

Dear______________________________:

As you know, we have been completing an educational assessment of your child, ___________________________ (child's full name). We would like to meet with you to share information from the completed assessments. At this meeting, you will have the opportunity to assist in the development of educational objectives along with the other team members. The results of this meeting will be the development of the most appropriate educational program for your child.

This meeting will be held on ___________(date) at __________(time) in____(location). The following individuals will be in attendance:

____ ____

____ ____

____ ____

If you are unable to attend, please contact us at __________________(phone number) by _________________(date) in order to plan a time which is mutually convenient. If you have not contacted us by this date it is interpreted that we will proceed with the meeting as planned.

It is possible that as a result of this meeting your child's educational placement may change. No change, however, will be authorized without your permission. In order to keep you fully informed and involved concerning decisions about your child, federal and state rules and regulations require that parents be informed of the following:

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

Sincerely,

____
Name/Title

DOCUMENTATION PROCEDURES

In the event of parent refusal to participate in the Child Study Committee meeting, the local educational agency must have a record of its attempts to arrange a mutually agreed on time and place. [See Section 121a.345 (d)]

A mutually agreed upon time and place were not possible as verified by the following evidence:

____1. Telephone calls made or attempted

date	time	who called	result

____2. Correspondence sent and responses received
(See attached copies)

____3. Visits made to the parent(s)' home or place of employment

date	time	who visited	where visited	result

From: Turnbull, Ann P., Strickland, Bonnie B., & Brantley, John C. Developing and implementing individualized educational programs. Columbus, Ohio: Charles E. Merrill Publishing Company, 1978.
(Permission granted for non-commercial reproduction.)

BEHAVIORS THAT FACILITATE THE WORK OF THE TEAM

- Asks others for facts, ideas, feelings, or opinions
- Illuminates or builds upon ideas or suggestions
- Pulls data together so that group may consider where it is
- Prevents premature decision-making; explores whether group may be nearing a decision
- Reconciles disagreements
- Relieves tension
- Helps others explore differences of opinion
- Keeps communication channels open
- Is warm and responsive
- Indicates with words or facial expressions that the contributions of others are accepted
- Modifies position so group may move ahead
- Admits error
- Tells others, in helpful ways, how their behavior is received

BEHAVIORS THAT INTERFERE WITH THE WORK OF THE TEAM

- Attacks
- Deflates/uses sarcasm
- Resists beyond reason
- Uses hidden agenda items which prevent group movement
- Interrupts others
- Asserts authority without cause
- Overparticipates to point of interfering with others' participation
- Prevents group from facing controversy
- Stays off subject to avoid commitment
- Makes an obvious display of lack of involvement

DEVELOPING IEPs

TOTAL SERVICE PLAN

SPECIAL NOTE TO TRAINER

A majority of the handouts and transparencies for this section on developing IEPs were adopted from:

Workshop Leader's Manual for a Workshop on Individual Education Programs for Idaho's Exceptional Children. Developed by Dan Morgan, Utah State University, Logan, Utah.

HANDOUT I

SAMPLE ANNUAL GOAL STATEMENTS

The material on the next few pages has been assembled to provide IEP meeting members with a small sample of the wide variety of annual goals which may be developed for an exceptional child. Hopefully, this material will guide you in terms of both the form and the substance of the sample goals statements.

There are many other annual goals which could be developed in each of the areas outlined below. The sample goal statements presented should be viewed, therefore, only as a foundation to which additional annual goals may be added.

Finally, it is important to remember that the goals listed below are meaningless in isolation. Only when the goal statements are matched to the educational needs of a child do they become relevant.

Spelling Skills

Match sounds to letters correctly.

Spell CVC words.

Spell unfamiliar multisyllabic words.

Spell words which are similar in consonant (or vowel) sounds.

Use dictionary to locate spelling of unfamiliar words.

Write paragraphs and stories using correct spelling.

Reading

Read with expression.

Read by sight 100 words.

Use independent reading to initiate activities.

Increase reading rate and accuracy.

Improve decoding skills.

Answer recall, sequence, and inferential questions after oral reading.

Decode CVCE words.

Math

Multiply and divide three- or four-place numbers by two-place numbers.

Solve story problems requiring addition and subtraction.

Carry in addition/borrow in subtraction.

Count to 100 by 2's, 5's, and 10's.

Tell time to the minute.

Use measurement tools to compute weight, length, width.

Writing

Print (write) using consistent slant and spacing between letters.

Print (write) own first and last name without a model.

Form letters and numbers using left to right movements.

Print (write) using correct alignment on paper.

Classroom Work Habits

Follow teacher instructions or directions.

Contribute positively to class discussions and activities.

Produce own school work without help of others.

Independently come to classroom activity at specified time.

Remain at task for full class period when distractions are present.

Begin and complete assigned tasks independently.

Increase on-task behavior.

Social Skills (Adaptive Behaviors)

Participate in group activities.

Improve personal hygiene.

Initiate appropriate interactions with teacher and/or peers.

Treat others' property as he/she would his/her own.

Use acceptable language (no obscenities of vulgarities).

Verbalize feelings to another when upset.

Behave in a courteous manner toward staff and peers.

Maintain a clean, neat appearance throughout the day.

Lead peer group in play and work activities.

Play and work without interfering or disrupting others' work.

Maintain self-control when faced with problems, failures, or disappointments.

Motor Skills (Gross and Fine)

Walk with assistance.

Stand with support.

Catch and throw a ball.

Cut out complex pictures following outlines.

Trace shapes.

Self-Help Skills

Dresses self without assistance.

Goes to toilet properly by self with no accidents.

Transfers in and out of wheelchair without assistance.

Washes and dries hands and face independently.

Pre-Vocational/Vocational Skills

Determine job possibilities in community.

Work steadily at reasonable speed to get the job done.

Arrive at work on time.

Accept criticism and attempt to implement suggestions to supervisor.

Speech and Language Skills

Produce the sound (s) correctly in spontaneous speech.

Speak in appropriate pitch and volume.

Speak using normal rhythm.

Recognize omitted, substituted, or distorted sounds in own or others' speech.

Use correct pronoun, verb, or both in spontaneous speech.

Speak in simple sentences.

Make s sound in the initial position in single words or nonsense syllables.

Use complex sentences with one main clause and one or more subordinate clause (e.g., I ran to the store while it was still light).

Follow simple verbal commands.

Say correct name of objects shown to him/her.

Pre-Academic/Readiness Skills

Name 6 basic colors.

Distinguish left from right.

Count objects.

Name numbers and letters.

Follow verbal directions containing basic concepts (under, over, behind, big, small, etc.).

Print name.

HANDOUT 2

HINTS FOR WRITING GOALS

1. Goals are based on deficits defined in the assessment process.
2. Goals must be written for a period of time not to exceed one year.
3. Goals are written in terms of the student.

appropriate: The student will increase reading comprehension skills.

inappropriate: The teacher will assist student in reading comprehension skills.

4. Goals should be sufficiently specific to clearly describe desired student behavior.

appropriate: The student will discuss rather than act out negative feelings.

inappropriate: The student will improve his social behavior.

5. Goals should be sufficiently broad to allow the teacher flexibility in establishing instructional objectives and in designing individualized programs and materials for the student.

appropriate: The student will increase his sight vocabulary.

inappropriate: The student will learn the Dolch sight vocabulary.

inappropriate: The student will increase his sight vocabulary using neurological impress method

6. Goals must be written with input from the child's parent(s).
7. A system for yearly review and revision of goals must be established.

CONDITIONS

DESCRIBE THE SITUATION IN WHICH THE STUDENT WILL BE EXPECTED TO DEMONSTRATE THE OBSERVABLE BEHAVIOR CONTAINED IN THE SHORT-TERM INSTRUCTIONAL OBJECTIVE.

EXAMPLES

WHEN ASKED . . .
GIVEN A LIST OF "SHORT-A" WORDS . . .
DURING A 10-MINUTE PERIOD ON THE PLAYGROUND . . .
GIVEN A VISUAL MODEL . . .
WITHOUT ASSISTANCE . . .
IN ANY GIVEN SITUATION . . .
GIVEN A WORKSHEET . . .
USING A CALENDAR . . .
USING A NUMBER LINE . . .
USING PAPER AND PENCIL . . .
FROM MEMORY . . .
GIVEN A SPOON . . .

HANDOUT 4

OBSERVABLE BEHAVIORS	UNOBSERVABLE BEHAVIORS
COMPUTE	CONCENTRATE
DIVIDE	THINK CRITICALLY
READ	BE AWARE
SAY	INFER
SUBTRACT	FEEL
MARK	APPRECIATE
CHECK	KNOW
NAME	PERCEIVE
WRITE	UNDERSTAND
TELL	BE CURIOUS
DESCRIBE	GRASP (THE SIGNIFICANCE OF)
LABEL	BECOME FAMILIAR WITH
POINT	DEMONSTRATE KNOWLEDGE OF
IDENTIFY	ENJOY
SOLVE	BELIEVE
LIST	

HANDOUT 5

CRITERIA

A STATEMENT OF THE STANDARDS BY WHICH THE STUDENT'S PERFORMANCE WILL BE EVALUATED.

EXAMPLES

. . . WITH 80% ACCURACY

. . . 8 OUT OF 10

. . . AT LEAST 50% OF THE TIME

. . . WITHOUT HESITATION (2 SECONDS OR LESS)

. . . AT LEAST 6 CONSECUTIVE TIMES

. . . WITHIN 5 MINUTES

. . . WITH A MAXIMUM OF 2 ERRORS

. . . 25 RESPONSES PER MINUTE

. . . OVER 3 CONSECUTIVE DAYS

HANDOUT 6

CHECKLIST FOR EVALUATING SHORT-TERM INSTRUCTION OBJECTIVES

		YES	NO
1.	HAS A SPECIFIC, OBSERVABLE BEHAVIOR BEEN STATED?	___	___
2.	HAS THE CONDITION(S) UNDER WHICH THE STUDENT WILL PERFORM THE DESIRED BEHAVIOR BEEN STATED?	___	___
3.	HAS THE CRITERIA FOR EVALUATING STUDENT PERFORMANCE BEEN CLEARLY STATED? (NOTE: THE DESCRIPTION OF CRITERIA SHOULD BE DETAILED ENOUGH THAT TWO OTHER INDIVIDUALS, AFTER READING THE CRITERIA SHOULD BE DETAILED ENOUGH THAT TWO OTHER INDIVIDUALS, AFTER READING THE CRITERIA, WOULD BE ABLE TO REACH THE SAME CONCLUSION IN DETERMINING WHETHER OR NOT THE STUDENT HAS ATTAINED THE OBJECTIVE.)	___	___
4.	IS THE OBJECTIVE RELEVANT TO THE LONG-TERM GOALS IDENTIFIED FOR THE STUDENT?	___	___
5.	IS THE OBJECTIVE RELEVANT TO THE STUDENT'S FUTURE SUCCESS IN THE SCHOOL AND/OR COMMUNITY?	___	___
6.	IS THE DESIRED BEHAVIOR RELEVANT TO THE CONTENT AREA FOR WHICH IT WAS WRITTEN?	___	___
7.	ARE THE OBJECTIVES PROPERLY SEQUENCED?	___	___
8.	ARE THE OBJECTIVES GRAMMATICALLY CORRECT?	___	___
9.	ARE THE OBJECTIVES STATED SO THAT THEY ARE EASILY UNDERSTOOD BY THE TEACHER AND THE STUDENT?	___	___
10.	DO THE OBJECTIVES RESULT IN A SIMILAR INTERPRETATION BY ALL WHO READ THEM?	___	___

HANDOUT 7

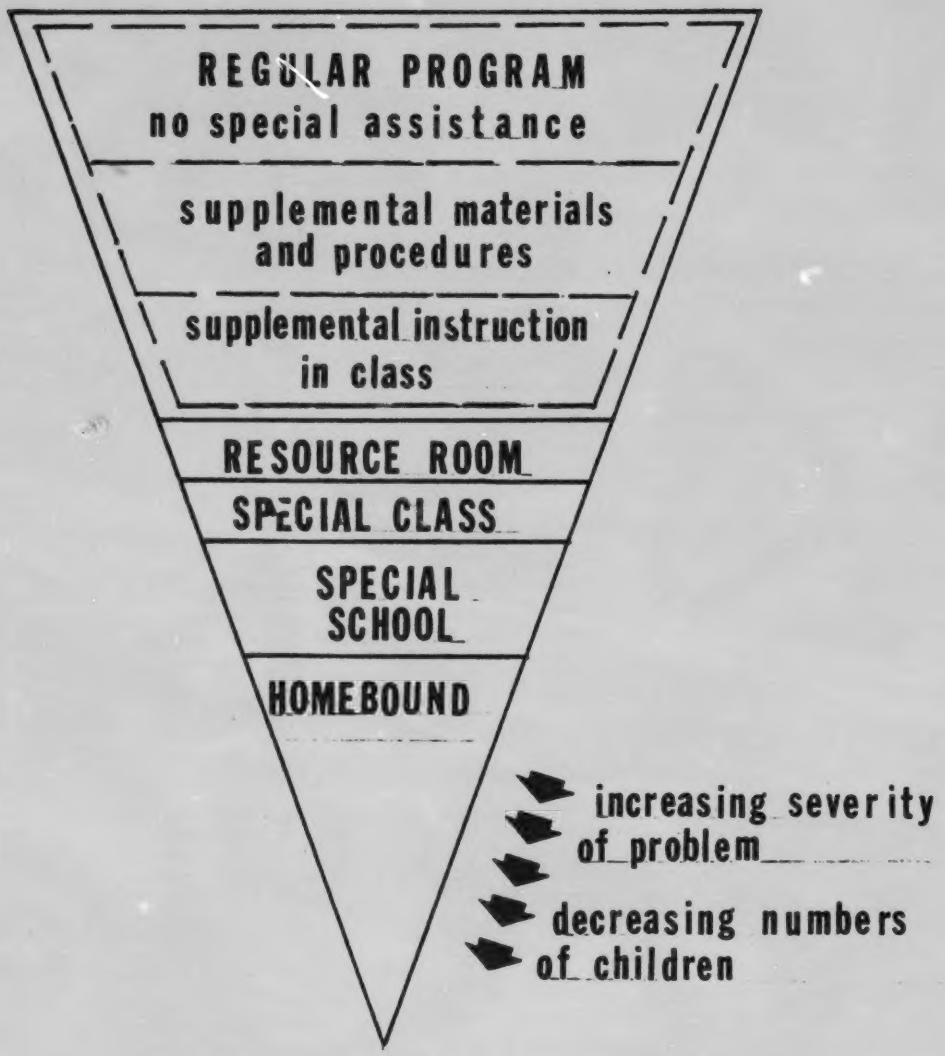
The following memo has been reproduced from the November 23, 1977, issue of Education of the Handicapped.

IEP TO INCLUDE SERVICES NEEDED, NOT JUST AVAILABLE, BEH SAYS

OE's Bureau of Education for the handicapped Nov. 17 sent all chief state school officers the following clarification of its position on the content of the IEP:

> INFORMAL LETTER TO CHIEF STATE SCHOOL OFFICERS
>
> Subject: Clarification of BEH Position on IEP Content
>
> The purpose of this letter is to clarify the position of the Bureau of Education for the Handicapped (BEH) regarding the content of the individualized education process (IEP).
>
> In the final regulations, BEH elected to adopt substantially verbatim the statutory language on IEP content and to delete additional details that were included in the proposed rules. As a result of this change, some parties have interpreted the final regulations to mean that a public agency must provide to a handicapped child only those services which are available in the agency. This interpretation is not correct.
>
> Although the wording on IEP content was changed in the final regulations, our position on the critical issues of need and required services for individual handicapped children has not been altered. We do not wish to change this basic position and, under the statute and extensive legislative history on IEPs, we have no authority to do so.
>
> The following explains the reason for changing the wording on IEP content in the final regulations, and describes the basic IEP process set out in the statute and final rules.
>
> Reason for Wording in Final Regulations. The proposed rules (1) provided that each handicapped child's IEP must include a statement of specific educational services needed by the child (determined without regard to the availability of those services), and (2) contained extensive details which went beyond the wording in the statute. These statements were included to provide assistance and direction to agencies in implementing the IEP requirement.
>
> In reviewing the letters received during the public comment period, BEH found that there were few, if any, comments which specifically supported the inclusion of the additional details. On the other hand, many commenters expressed concerns about over-regulation and felt that these requirements were unnecessarily burdensome. Moreover, some commenters felt that agencies could be faced with the prospect of a deluge of inappropriate needs for which they would be bound to provide services.

FIGURE 1: Example of a special education cascade of services model (after Reynolds, 1962; Deno, 1970)


REGULAR PROGRAM
no special assistance
supplemental materials and procedures
supplemental instruction in class
RESOURCE ROOM
SPECIAL CLASS
SPECIAL SCHOOL
HOMEBOUND
increasing severity of problem
decreasing numbers of children

IEP TO INCLUDE SERVICES NEEDED, NOT JUST AVAILABLE, BEH SAYS (cont.)

BEH was concerned that the additional details could have a negative effect on the implementation of the IEP requirement. Therefore, the decision was made to return to the statutory language and to allow some experience and research on how agencies implement the IEP requirement before deciding whether more detailed regulations would be needed. However, this does not mean that a handicapped child may be provided services at some lesser level than that required by the law.

Basic IEP Process. The following are basic steps and procedures involved in developing and implementing an IEP for a handicapped child:

(1) The evaulation process (as set out in sections 121a.530 to 121a.534 of the regulations) is the first step in determining a child's need for special education and related services.

(2) An IEP meeting is conducted to develop a written statement for each handicapped child, including a statement of the specific special education and related services to be provided to the child. (NOTE: As defined in the statute, the term "special education" means specially designed instruction to meet the unique needs of a handicapped child. The term "related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education . . .)

(3) Since the parents participate in the development of the IEP for their child, they have the option to accept or reject the services that are proposed. If the parents are not satisfied, they may protest and must be provided an opportunity for an impartial due process hearing.

NOTE: The exact nature and extent of services to be provided to individual handicapped children are educational judgement questions which must be determined through the IEP process and, where necessary, through the due process procedures set out in the regulations. These specific educational judgement questions generally cannot be considered or resolved at the Federal level.

FAPE Requirement under Part B and Section 504. Under Part B and section 504 of the Rehabilitation Act of 1973, each public agency must provide a free appropriate public education (FAPE) to its handicapped children. The following is a brief description of the FAPE requirements under these two statutes, particularly with respect to the provision of an appropriate education:

The regulations under Section 504 (45 CFR Part 84) state that an appropriate education "... is the provision of regular or special education and related aids and services that (i) are designed to meet the individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met and (ii) are based upon adherence to procedures that satisfy the requirements of sections 84.34 (Educational setting), 84.35 (Evaluation and placement), and 84.36 (Procedural safeguards)."

IEP TO INCLUDE SERVICES NEEDED, NOT JUST AVAILABLE, BEH SAYS (cont.)

The Section 504 regulations also require recipients to achieve full compliance with the FAPE requirements of section 84.33 as expeditiously as possible, but in no event later than September 1, 1978.

Under Part B, "FAPE" means special education and related services... which are provided in conformity with an IEP. The timelines for FAPE are the same for both Part B and Section 504.

Read together, these two statutes and their implementing regulations require that by September 1, 1978, each handicapped child must be provided all services necessary to meet his/her special education and related needs.

If you have any comments or questions about this letter, or if we can be helpful to your State in implementing the IEP requirements, please let us know.

Sincerely,

Edwin W. Martin Deputy Commissioner
Bureau of Education for the
Handicapped

HANDOUT 8

Least Restrictive Environment (Richard Zeller, December, 1976):

Whichever placement is selected for the child, criteria to determine the "least restrictive environment" (LRE) must be applied. P.L. 94-142 and its draft regulation (BEH, November, 1976) offer not definition of least restrictive environment. The law does state clearly, however, that to the maximum extent appropriate, handicapped children are to be educated with children who are not handicapped. Specifically the law requires (Section 612):

> Each state must establish (b) procedures to assure that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicapped is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

This statement clearly supports the mainstreaming movement. The current placement alternatives in most schools do not, however, permit immediate mainstreaming (in the sense of concentrated regular classroom placement), nor do they typically offer a complete "cascade" of placement alternatives.

The June 25, 1975, Report of the House of Representatives on HR 72-17 make clear that a variety of settings, or a continuum of placement options, should exist within each state (i.e., hospital, home, school, or institution). What seems to be legislative intent is that all settings in which handicapped children are educated need to be made less restrictive, and that, as much as possible, handicapped children should be educated with nonhandicapped children.

No clear scheme exists for determining for any given child which placement is least restrictive. It has been tempting to adopt a cascade of services model (after Reynolds, 1962; Deno, 1970), and assume that those services furthest away from the regular classroom are necessarily more restrictive. Figure 1 shows an example of a cascade of services model advocated by the Council for Exceptional Children.

The difficulty with assuming that those placements closer to the regular classroom are necessarily less restrictive is that it presupposes restrictiveness to be unidimensional. Relative physical proximity to normal peers is only one measure of restrictiveness. Others might include restriction on mobility, social interaction, etc. In most instances, however, before any child is moved to a setting substantially removed from normal peers (the regular classroom), compelling reasons relating to the child's welfare would have to be documented. P.L. 94-142 also requires that long-range plans address how that child will be returned (mainstreamed) to less restrictive settings.

TOTAL SERVICE PLAN

One can conceive of the process by which any LRE placement is selected as contributing to a change, over time, in how accommodative the regular classroom program can be. That is, alternative placements for any given child can be examined based on some notion of what must be restricted (programmatically) in the child's environment. Placements might also be examined in terms of how necessary the restrictions to programming are. Considerations related to restriction might include (Larson, 1976):

- --Behavioral Restriction: Degree to which rules and regulations are an integral part of the environment limit the range of acceptable behavior.
- --Social Restriction: Degree to which interaction with other people is restricted.
- --Mobility Restriction: Degree to which the child's mobility is restricted by locked doors, stairs, limits on access to areas outside the immediate "classroom," etc.
- --Sensory Restriction: Degree to which sensory experiences are restricted through too much (overload) or too little (deprivation) patterning or ordering of stimuli.
- --Restricted Self-Direction: Degree to which the individual sutdent's ability to control and direct his own educational experiences is limited.

One could argue quite reasonably that the above factors descrive the problems with educational environments which impair their capacity to accommodate wide individual differences. The author would not deny that, but would stress that if placements other than the regular classroom are to be available (i.e., home, hospital, center programs, special classes) they should be examined programmatically in terms of their restrictiveness. If there are reasons, for example, for restricting a child's interactions with normal peers by placement in a self-contained center program, these reasons should be programmatic (i.e., it is the best thing for the child) rather than being administratively convenient (i.e., it makes funding accountability easier, transportation easier, etc.).

This seems clearly an ethical issue, in large part; it is not necessarily presumed that learning performance will improve in less restrictive settings. The LRE criteria make an effort to operationalize a particular value: it is better that all human beings mix together and learn to accommodate on another than that they separate and avoid interaction with others who might be different.

PROCEDURES FOR DEVELOPING PLACEMENT OPTIONS

1. Federal Regulations (Federal Register, August 23, 1977)

Two sections of P.L. 94-142 are presented below (Ed. note: the language in the law has been paraphrased somewhat. Full text of the law should be requested from the local school district.)

121a.551 Continuum of alternative placements.

(a) Each state and local educational agency shall insure that a continuum of alternative placements are available to meet the needs of handicapped children for special education and related services.

(b) The contiuum required under paragraph (a) of this section must:

(1) Include the alternative placements listed in the definition of special education under 121a.13 of Subpart A (instruction in regular classes, and instruction in hospitals and institutions), and

(2) Make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.

121a.552 Placements

Each state and local educational agency shall insure that:

(a) Each handicapped child's educational placement:

(1) Is determined at least annually,

(2) Is based on his or her individualized education program, and

(3) Is as close as possible to the child's home;

(b) To the extend necessary to implement an individualized education program for each handicapped child, the applicable agency must provide or arrange for the provision of all of the various alternative placements included under S121a.551 of this subpart.

(c) Unless a handicapped child's individualized education program requires some other arrangement the child is educated in the school which he or she would attend if not handicapped; and

(d) In selecting the least restrictive environment, consideration is give to any potential harmful effect on the child or on the quality of services which he or she needs.

2. State Requirements
Wyoming Administrative Rule
Chapter XI, Section 2

Section 2. Normalization of Educational Experiences

a. Special instructional programs and services are components of a supportive system designed to complement regular education. Consequently all services for handicapped children emanate from the regular classroom. Each school district shall adopt regulations and procedures to assure that, to the maximum extent appropriate, handicapped children are educated in regular classes along with children who are not handicapped; however, placement of handicapped children in regular classes must be appropriate to their needs and must be determined, monitored, re-evaluated and modified by using the same procedures as those outlined in these Rules for handicapped children in special educational programs.

b. Placement of handicapped children in itinerant programs, resource rooms and special classes, and other procedures which remove them from the regular education environment shall occur only when there is clear evidence that the learning problems are of such nature and severity that education in regular classes even with the use of supplementary resources, cannot be achieved satisfactorily. All placements must be appropriate to the child's needs and provide the least restrictive educational environment appropriate. Educational goals shall be specified and implemented via an individual educational plan. When these goals are met the child shall move progressively through educational environments that are as normal and beneficial as possible, with the ultimate goal, when appropriate, being full-time functioning in regular classes.

3. Least Restrictive Placements
(See SP-27 Discussion of Least Restrictive Environments)

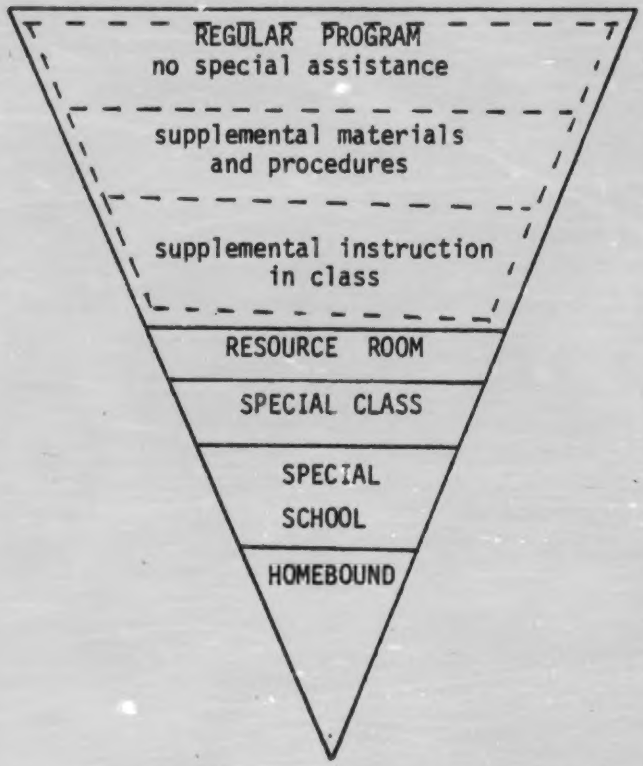
a. P.L. 94-142 requires that "to the maximum extent appropriate, handicapped children. . . are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicapped is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

b. Wyoming Administrative Rules and Regulations Section 2B state that "All placements must be appropriate to the child's needs and provide the least restrictive educational environment appropriate."

c. Both federal and state regulations indicate that districts consider how its placement options provide for the education of handicapped in least restrictive environments.

4. Cascade of Services (See SP-24)

1) The continuum of services required at both federal and state levels has been shown as a cascade of services (see below). While degree of closeness to a regular classroom cannot be considered the sole criteria of either a least restrictive or appropriate placement, the cascade of service does represent a continuum, the use of which can be considered by a school district.


REGULAR PROGRAM
no special assistance
supplemental materials and procedures
supplemental instruction in class
RESOURCE ROOM
SPECIAL CLASS
SPECIAL SCHOOL
HOMEBOUND

5. Purpose of Placement

1) The purpose of placement is to make programmatic decisions about the child on the basis of pre-established long-term and short-term objectives. It is important to emphasize that the objectives are set prior to placement.

2) Placement should be made on the basis of service needs. Service, not children, should be categorized. Placement decisions should not be made on the attributes of the child (labels) from which is presumed a need for similar services but rather directly on the educational (or treatment) needs of the child being tied directly to objectives for child change (Zeller, 1976).

6. Local factors

In designing services a district must take a number of local factors into consideration:

1. Number of identified handicapped children and number of estimated handicapped children
2. Service needs of the handicapped children in the district
3. Services already available within the district
4. Services available within the area
5. Services available within the state
6. Personnel
7. Finances
8. Facilities
9. Geographic configurations

7. Summary

The local school district must insure that a continuum of placement options be available for its handicapped children and that as it develops options, major considerations must be that children be placed based on service needs, in as normal an environment as possible. In developing these options, the district must take into account its own local situation.

A district may be unable to provide all services because of low incidence or other factors and may be required to provide consolidated services with other districts or contract with an intermediate education district (IED).

It is, however, the district's responsibility to provide service to all its handicapped children.

8. Procedural outline for developing placement options

1) Assemble and review available data

   - child profile
   - legal
   - organizational
   - staff capability

2) Consult state, IED and district plans to determine program responsibility.

3) Establish state, federal and local requirements.

4) Establish a task force of all possible agencies (may be internal or external agencies) to determine program responsibility and flow.

HANDOUT 10

FROM: State of Wyoming
Rules & Regs. 1978

APPENDIX F

Definitions

Appropriate Educational Services means the educational services recommended for a handicapped child as a consequence of multidisciplinary assessment conducted by personnel properly certificated and endorsed and/or licensed to render assessment services and supported by a Child Study Committee of the district in which the child is a resident.

Handicapped Child means a child or youth who, as a consequence of an individual assessment conducted by a multidisciplinary team comprised of properly certificated and endorsed and/or licensed personnel, is identified as having a mental, physical or psychological handicap or social maladjustment which impairs learning.

Hearing Impairment means:

1. deafness where in residual hearing is not sufficient for understanding spoken words and developing language, resulting in deprivation in learning and communication, or
2. hard of hearing wherein a hearing loss which prevents full awareness of environmental sounds and spoken language, limiting normal language acquisition and educational achievement.

Mental Retardation means significantly below-average general intellectual functioning which exists concurrently with deficits in adaptive behavior, manifested during the developmental period of life. (Adaptive behavior is the effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of his age and cultural groups. The retardation may be mild, moderate, severe, or profound.)

Multihandicap means two or more major handicaps (i.e., mental retardation, hard of hearing, orthopedic, behavior disorder) which result in such severe educational problems that extraordinary programs and services are necessary to meet the individual's educational needs.

Orthopedic Impairment means congenital or acquired impairments to the orthopedic system -- bone, joint, or muscle -- to the degree that the school facilities or equipment require special adaptation and modification, or the individual requires a special instructional program or other special services.

Other Health Impairment means prolonged health impairment, either permanent or impermanent, which significantly interferes with learning and requires a special instructional program or service or requires adaptation of the school facilities.

Parent means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with Chapter XI, Section 5g of these regulations.

Related Educational Services means services above and beyond the typical services necessary to help a handicapped child benefit from special and/or regular education either within or outside of the district, including tuition, transportation, room and board, family move, itinerant instruction, and such developmental corrective and supportive services as speech therapy and audiology, educational and psychological assessment, physical and occupational therapy, social case work, and homebound and hospital instruction.

Social/Emotional Handicap means manifestation of one or more of the following characteristics to a marked degree over an extended period of time:

1. difficulties in learning that cannot be explained by intellectual, sensory, or health factors;
2. difficulties in building or maintaining satisfactory interpersonal relationships with peers, parents, and teachers;
3. a general pervasive mood of unhappiness, depression, or hypersensitivity;
4. a tendency to develop physical symptoms, pains, or fears associated with personal or school problems;
5. inappropriate behavior or feelings under normal circumstances.

Special Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation or emotional disturbance, or of environmental, cultural, or economic disadvantage.

Speech and Language Handicap means speech or language that deviates so much from that of other people that it calls attention to itself, interferes with communication, or causes its possessor to be maladjusted.

Visual Handicap means:

1. partial vision wherein after correction, vision, although impaired, remains a primary channel of learning; with adjustments, the visual tasks required in the usual school situation can be performed;
2. blindness wherein after correction, there is not vision or little potential for using vision as a primary channel for learning; consequently, reliance must be made upon tactual and auditory senses to obtain information.

TOTAL SERVICE PLAN HANDOUT II

RESPONSIBILITIES CHECKLIST: Monitoring and Evaluating

Instructions: Write in the name of the person responsible for each task

	Administration	Classroom Teacher	Special Educator	Parent	School Psychologist	Speech Pathologist	Physical Therapist	Occupational Therapist	Physician (report)	Audiologist	Ophthalmologist	Others (specify
1. Periodic checks by members assigned to particular child's placement to track child's progress while in program.												
2. Periodic review of child's objectives and exit criteria and adjustment as necessary according to data received while child is in program.												
3. Feedback to other members.												
4. Summarization of information.												
5. Parental involvement and signed approval												

At the completion of training, it is anticipated that workshop participants will be able to:

-state the rationale for IEPs;

-state the components of an IEP: Total Service Plan;

-pinpoint a learner's present level of educational performance from assessment information;

-formulate annual goals from a student's assessment information;

-identify the necessary components of a short-term objective;

-write short-term instructional objectives which are specific, manageable, and relevant;

-identify procedures for determining specific placement/program services for a student;

-identify procedures for obtaining parental consent for placement;

-state the purpose of monitoring the IEP and describe the procedural steps for implementing monitoring of the IEP;

-develop an IEP: Total Service Plan for simulated case history data.

WHY DO WE PLAN?

An individual educational plan:

1. Gives you direction
2. Helps you evaluate your instructional program
3. Guides you in making instructional modifications when students are not progressing
4. Helps communicate to parents and other professionals
5. It is the law

WHAT DOES A PLAN INCLUDE?

An individual educational plan, according to P.L. 94-142 includes:

1. Child's present level of performance
2. Annual goals
3. Short - term objectives
4. Statement of specific educational services to be provided
5. How much the child will participate in the regular program, working toward least restrictive alternative
6. Date for initiation and alteration of services
7. Individuals responsible
8. Evaluation criteria
9. Schedule for determining if objectives have been met

INDIVIDUALIZED EDUCATIONAL PROGRAM

FORM 12

SAMPLE
____Initial
____Review
____Reevaluation

Definition of Individualized Education Program (IEP)	IEP Time Period	Student Information
A written statement of present levels of educational performance, annual goals and objectives, specific educational related services and the extent to which the child will participate in regular education. There must be a projected date for initiation and completion of services measurable objectives.	FROM____/____/____ TO ____/____/____ REVIEW____/___/___ SCHOOL____________ ________________	STUDENT:____________________ BIRTHDATE:____________________ Date:__________________ Grade Level:____________________ Teacher:____________________

EVALUATION OF STUDENT

STRENGTHS	WEAKNESSES

BASED ON EVALUATION/REEVALUATION, STUDENT IS RECOMMENDED FOR THE FOLLOWING PLACEMENT:

Type of classroom placement (i.e., regular, resource room, self-contained, etc.): ____________________

NUMBER OF HOURS IN REGULAR PROGRAM____________ NUMBER OF HOURS IN SPECIAL SERVICES PROGRAM__________________

DESCRIPTION:____

TYPE OF PHYSICAL EDUCATION PROGRAM:____________regular ____________special

SPECIALLY DESIGNED VOCATIONAL EDUCATION ___NO ___YES DESCRIBE:______________________________

____

T-5

FORM 12

INDIVIDUALIZED EDUCATIONAL PLAN (IEP)

Reevaluation of Total Service Plan

Continuation Sheet Page 2

Annual Goal:	Dates	Status	Persons Responsible
Short Term Objective:________	Begin Date___/___/___	Met______	________
________	Completion Date___/___/___	Not Met______	________
________	Review Date___/___/___	Continue______	________
________		Revise______	________
Annual Goal:			
Short Term Objective:________	Begin Date___/___/___	Met______	________
________	Completion Date___/___/___	Not Met______	________
________	Review Date___/___/___	Continue______	________
________		Revise______	________
Annual Goal:			
Short Term Objective:________	Begin Date___/___/___	Met______	________
________	Completion Date___/___/___	Not Met______	________
________	Review Date___/___/___	Continue______	________
________		Revise______	________
Annual Goal:			
Short Term Objective:________	Begin Date___/___/___	Met______	________
________	Completion Date___/___/___	Not Met______	________
________	Review Date___/___/___	Continue______	________
________		Revise______	________

DEVELOPING IEPs
TOTAL SERVICE PLAN

FORM 12

INDIVIDUALIZED EDUCATIONAL PLAN (IEP)
Reevaluation of Total Service Plan

Continuation Sheet Page 3

SPECIAL INSTRUCTIONAL MEDIA AND MATERIALS NEEDED (Optional; Not Required to be Stated)

List Special Media and Materials (i.e., orthopedic equipment, instructional aides, etc.)

SUPPORT SERVICES NEEDED

List Support Services Needed (i.e., OT, PT, CDS, Psychologist, Resource Room Teacher)	No. Of Hours Per Wk.	Start Date	End Date
Transportation:			

PERSONS ATTENDING IEP MEETING

Name:	Position:	Name:	Position:

SUMMARIZING CURRENT LEVELS OF EDUCATIONAL PERFORMANCE:

GUIDELINES:

do:

DO Describe what the child can do and can't in terms of specific skill areas

DO Describe the childs strengths as well as weaknesses

don't:

DON'T Describe the child by using labels or jargon

DON'T Describe the child by listing test scores only

SUMMARIZING CURRENT LEVELS OF EDUCATIONAL PERFORMANCE:

why important?

- Assessment information determines eligibility
- Precise assessment information provides the basis for developing Long-Term Goals and short-term instructional objectives

THE TOTAL SERVICE PLAN AND THE INSTRUCTIONAL/ IMPLEMENTATION PLAN WILL BE AS GOOD AS THE COMPREHENSIVE EVALUATION FROM WHICH THEY ARE DEVELOPED.

FOR EXAMPLE, IF ALL THE TEAM HAS TO WORK WITH IS:

5TH GRADER
IQ: 80
READING: 1.2
MATH: 1.6
SPELLING: 1.1
HYPERACTIVE
AGGRESSIVE

AN "ON-TARGET" TOTAL SERVICE PLAN AND INSTRUCTIONAL/IMPLEMENTATION WILL BE DIFFICULT TO DEVELOP

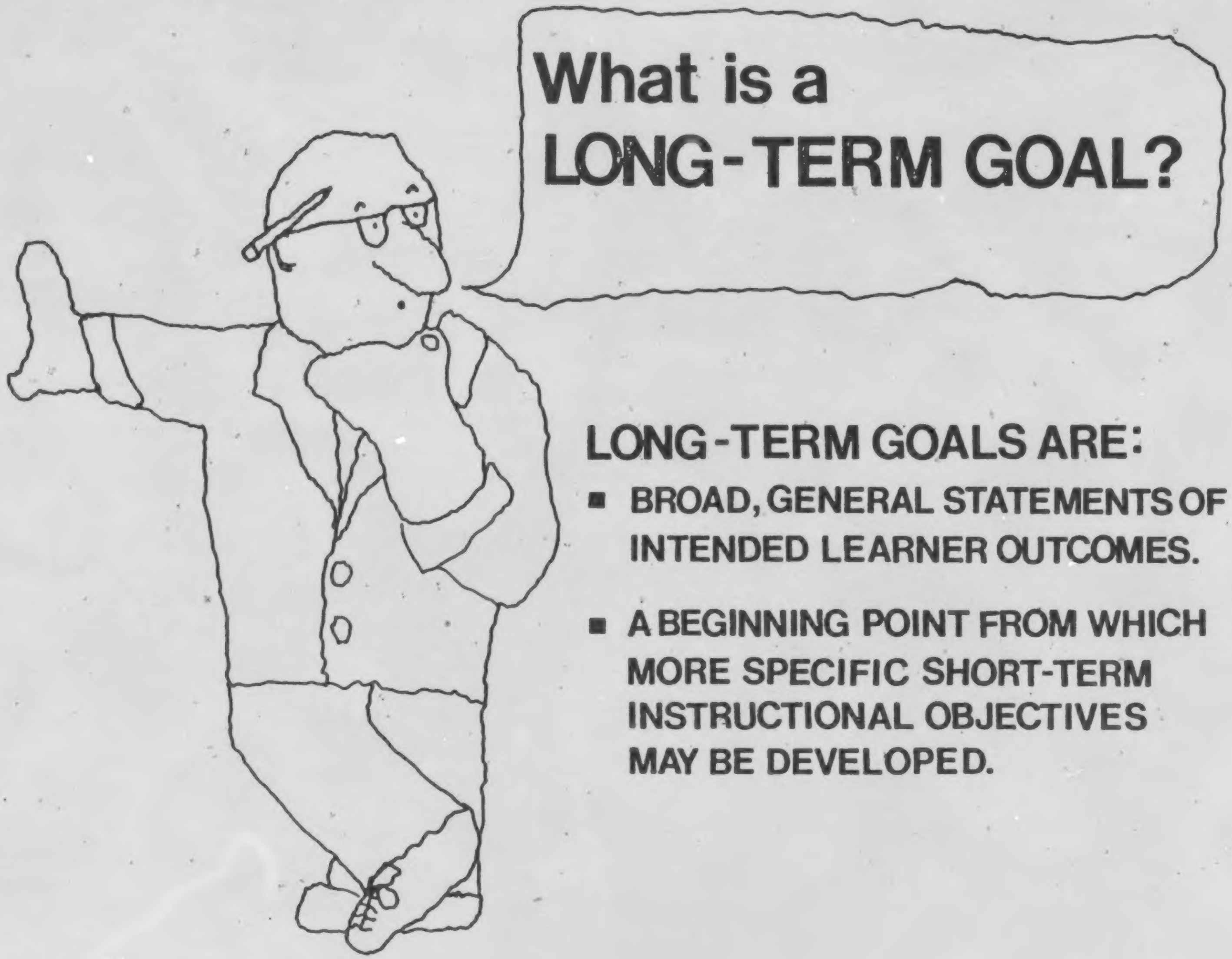
WHEN SUMMARIZING PRESENT LEVELS OF EDUCATIONAL PERFORMANCE:

1. BE AS SKILL SPECIFIC AS POSSIBLE WITHIN THE SPACE PROVIDED.

2. ATTACH THE COMPREHENSIVE EVALUATION REPORTS TO THE TOTAL SERVICE PLAN

   AND

   PROVIDE COPIES TO EACH IMPLEMENTER



What is a LONG-TERM GOAL?

LONG-TERM GOALS ARE:

- BROAD, GENERAL STATEMENTS OF INTENDED LEARNER OUTCOMES.
- A BEGINNING POINT FROM WHICH MORE SPECIFIC SHORT-TERM INSTRUCTIONAL OBJECTIVES MAY BE DEVELOPED.

ESTABLISHING LONG-TERM GOALS

GUIDELINES:

- MUST BE BASED ON CHILD'S CURRENT NEEDS AS IDENTIFIED BY COMPREHENSIVE EDUCATIONAL EVALUATION
    - A. GOALS NEED NOT BE COMPLEX
    - B. DEAL DIRECTLY WITH THE CHILD'S WEAKER AREAS AND BUILD ON STRENGTHS
- SHOULD BE LIMITED TO THREE TO FIVE GOAL STATEMENTS TO MAKE ACCOMPLISHMENT POSSIBLE
- MUST BE REALISTIC IN TERMS OF THE CHILD'S CURRENT LEVELS OF EDUCATIONAL PERFORMANCE
    - A. SETTING GOALS TOO HIGH WILL LEAD TO FRUSTRATION AND DISAPPOINTMENT
    - B. SETTING GOALS TOO LOW MAY RESULT IN UNDERESTIMATING THE CHILD
- MUST BE REALISTIC IN TERMS OF INSTRUCTIONAL TIME AVAILABLE
- MUST BE STATED IN TERMS OF THE CHILD'S BEHAVIOR

NON-EXAMPLES OF GOAL STATEMENTS	WHY?	ALTERNATIVE GOAL
BLEND THREE OR MORE LETTERS AT ONE RESPONSE PER SECOND WITH NO ERRORS.	TOO SPECIFIC--- AN INSTRUCTIONAL OBJECTIVE	IMPROVE WORD ATTACK SKILLS
CAN PUT ON SHOES	TOO NARROW NOT A YEAR-LONG GOAL	CAN DRESS SELF
COMPLETE DISTAR MATH I	TIED TO A SINGLE PROGRAM-LIMITS FLEXIBILITY IN INSTRUCTIONAL PLANNING	IMPROVE SKILLS IN BASIC ADDITION AND SUBTRACTION FACTS

NON-EXAMPLES OF GOAL STATEMENTS	WHY?	ALTERNATIVE GOAL
BE A GOOD STUDENT	TOO BROAD TOO MANY SKILL AREAS INVOLVED MAKES WRITING OF IEP VERY DIFFICULT	FOLLOWS DIRECTIONS OR COMPLETES ASSIGNED TASKS OR IMPROVES INDEPENDENT WORK HABITS
PROVIDE A BEHAVIOR MODIFICATION PROGRAM	NOT WRITTEN FROM CHILD'S POINT OF VIEW DESCRIBES AN INSTRUCTIONAL STRATEGY INSTEAD OF AN INSTRUCTIONAL GOAL	INCREASE ON-TASK BEHAVIOR
READ AT THE 3RD GRADE LEVEL	MAY LEAD TO DISAPPOINTMENT IF GAINS ARE NOT ACHIEVED TEST RELIABILITY AND VALIDITY PROBLEMS TEACHING TO THE TEST STANDARDIZED TESTS DO NOT MEASURE ALL THE SKILLS IN A GIVEN AREA	DECODE MULTI SYLLABIC WORDS

**"IF WE DON'T KNOW WHERE
WE'RE GOING,
WE MIGHT END UP
SOMEPLACE ELSE."**

ROBERT MAGER

WITHOUT WELL-FORMULATED INSTRUCTIONAL OBJECTIVES, INSTRUCTION OFTEN TENDS TO BE POORLY ORGANIZED AND STUDENT LEARNING BECOMES DIFFICULT TO ASSESS.

USES OF SHORT-TERM INSTRUCTIONAL OBJECTIVES

- TO PROVIDE A PLAN FOR INSTRUCTION AND/OR IMPLEMENTATION OF STUDENT GOAL(S)
- TO MEASURE STUDENT LEARNING
- TO EVALUATE THE EFFECTIVENESS OF INSTRUCTION

DEVELOPING IEPs
TOTAL SERVICE PLAN

COMPONENTS OF SHORT-TERM INSTRUCTIONAL OBJECTIVES

A SHORT-TERM INSTRUCTIONAL OBJECTIVE should:

BEHAVIOR BE STATED IN PERFORMANCE TERMS.

CONDITIONS GIVE THE CONDITIONS UNDER WHICH THE PERFORMANCE SHOULD OCCUR.

CRITERIA INCLUDE A STATEMENT OF ACCEPTABLE PERFORMANCE.

WHAT IS AN OBSERVABLE BEHAVIOR?

- CAN BE COUNTED
- HAS MOVEMENT
- HAS A START AND STOP
- IS REPEATABLE

OBSERVABLE BEHAVIORS	UNOBSERVABLE BEHAVIORS
COMPUTE	CONCENTRATE
DIVIDE	THINK CRITICALLY
READ	BE AWARE
SAY	INFER
SUBTRACT	FEEL
MARK	APPRECIATE
CHECK	KNOW
NAME	PERCEIVE
WRITE	UNDERSTAND
TELL	BE CURIOUS
DESCRIBE	GRASP (THE SIGNIFICANCE OF)
LABEL	BECOME FAMILIAR WITH
POINT	DEMONSTRATE KNOWLEDGE OF
IDENTIFY	ENJOY
SOLVE	BELIEVE
LIST	

CONDITIONS

DESCRIBE THE SITUATION IN WHICH THE STUDENT WILL BE EXPECTED TO DEMONSTRATE THE OBSERVABLE BEHAVIOR CONTAINED IN THE SHORT-TERM INSTRUCTIONAL OBJECTIVE.

EXAMPLES

WHEN ASKED...
GIVEN A LIST OF SHORT "A" WORDS...
DURING A 10 MINUTE PERIOD ON THE PLAYGROUND...
GIVEN A VISUAL MODEL...
WITHOUT ASSISTANCE...
IN ANY GIVEN SITUATION...
GIVEN A WORKSHEET...
USING A CALENDAR...
USING A NUMBER LINE...
USING PAPER AND PENCIL...
FROM MEMORY...
GIVEN A SPOON...

CRITERIA

A STATEMENT OF THE STANDARDS BY WHICH THE STUDENT'S PERFORMANCE WILL BE EVALUATED.

EXAMPLES

. . . WITH 80% ACCURACY

. . . 8 OUT OF 10

. . . AT LEAST 50% OF THE TIME

. . . WITHOUT HESITATION (2 SECONDS OR LESS)

. . . AT LEAST 6 CONSECUTIVE TIMES

. . . WITHIN 5 MINUTES

. . . WITH A MAXIMUM OF 2 ERRORS

. . . 25 RESPONSES PER MINUTE

. . . OVER 3 CONSECUTIVE DAYS

ABOUT PEFORMANCE STABILITY OR ONCE IS NOT ENOUGH!!

THE DESCRIPTION OF CRITERIA IN THE SHORT-TERM INSTRUCTIONAL OBJECTIVE SHOULD STATE . . .

HOW WELL THE STUDENT MUST PERFORM THE DESIRED BEHAVIOR

and

HOW MANY TIMES THE STUDENT MUST PERFORM THE DESIRED BEHAVIOR

EXAMPLE: GIVEN 50 ONE-DIGIT SUBTRACTION PROBLEMS, THE STUDENT WILL WRITE THE ANSWER TO EACH PROBLEM AT A RATE OF 25 CORRECT/NO ERRORS PER MINUTE (HOW WELL) OVER 5 CONSECUTIVE TRIALS (HOW MANY TIMES)

CHECKLIST FOR EVALUATING SHORT-TERM INSTRUCTIONAL OBJECTIVES

	YES	NO
1. Has a specific, observable behavior been stated?	___	___
2. Has the condition(s) under which the student will perform the desired behavior been stated?	___	___
3. Has the criteria for evaluating student performance been clearly stated? (NOTE: The description of criteria should be detailed enough that two other individuals, after reading the criteria, would be able to reach the same conclusion in determining whether or not the student has attained the objective.)	___	___
4. Is the objective relevant to the long-term goals identified for the student?	___	___
5. Is the objective relevant to the student's future success in the school and/or community?	___	___
6. Is the desired behavior relevant to the content area for which it was written?	___	___
7. Are the objectives properly sequenced?	___	___
8. Are the objectives grammatically correct?	___	___
9. Are the objectives stated so that they are easily understood by the teacher and the student?	___	___
10. Do the objectives result in a similar interpretation by all who read them?	___	___

OBJECTIVE CRITERIA AND EVALUATION:

1. ATTAINMENT OF THE PREVIOUSLY STATED OBJECTIVES--DIRECT METHOD FOR ASSESSING PROGRESS
2. TEACHER CONSTRUCTED TESTS
3. CRITERION-REFERENCED TESTS
4. STANDARDIZED TESTS
5. OBSERVATION OF THE CHILD

IN SELECTING EVALUATION PROCEDURES - CONSIDER:

1. THE TYPE OF OBJECTIVE SELECTED FOR THE IEP

2. THE TIME REQUIREMENT TO EVALUATE PROGRESS

3. THE STUDENT'S CHARACTERISTICS

CONTINUUM OF LEAST RESTRICTIVE EDUCATIONAL ALTERNATIVES FOR HANDICAPPED CHILDREN AND YOUTHS

Least Restrictive

1. Regular class placement
2. Regular class with modified curriculum
3. Regular class with consultation with teacher
4. Regular class with in-class assistance to child from special educator, tutor, etc.
5. Regular class--resource room (scheduled time arrangement)
6. Regular class--diagnostic/treatment center
7. Special class--regular class(es) (scheduled time arranged)
8. Special class--resource room
9. Special class full-time, little use of other in-school resources
10. Special class--diagnostic/treatment center
11. Special community day school
12. Homebound program
13. Residential school
14. Institutionalization

(Sample) T-29
FORM 13

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR INITIAL PLACEMENT IN SPECIAL EDUCATION

Dear________________,

Following evaluation, your child has been found eligible to receive special education and related services as described in his/her Individualized Education Plan (IEP). The reasons for the proposed services are as follows:______________________

____.

The evaluation proceedings, tests, records, or reports used as a basis for the proposed services were:

Tests/Procedures	Date	Tests/Procedures	Date
____________	______	____________	______
____________	______	____________	______
____________	______	____________	______

Following is a description of placement options considered and reasons why those were rejected.____

____

Following is a list of records (if any) which will be released and to whom:

Record	Person/Agency
____________________	____________________
__________ __________	____________________

It is important that you be aware that you have certain rights regarding the identification, evaluation, and placement of your child. These rights are repeated here. A full explanation of these rights according to State Board regulations is attached.

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

TOTAL SERVICE PLAN

Since State Board Regulations require that we receive your written consent prior to your child's initial placement in special education, we would appreciate your signing this consent form and returning it as soon as possible. If you have questions, please feel free to contact me.

Name/Title Date

I have received a copy of my child's Individualized Education Plan (IEP) and I understand the described services and recommended placement. I understand that the granting of my consent is voluntary and may be revoked at any time. I have received a copy of my rights.

I do approve the placement of my child as described in his/her IEP.

Parent/Guardian Date

I do not approve the placement of my child as described in his/her IEP.

Parent/Guardian Date

(Sample)
FORM 14

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT
CHANGE IN EDUCATIONAL PLACEMENT

Dear ______________________,

Date sent ________________

Date received ____________

We are sorry you were unable to attend a planning meeting concerning your child, ______________________. At this meeting a team of persons developed an individual educational program (IEP) so that your child will receive the most appropriate services in school. A copy of your child's educational program (IEP) is attached for you to read and keep.

The reasons for the proposed services are as follows: ______________________________

____

The evaluation proceedings, tests, records, or reports used as a basis for the proposed services were:

Tests/Procedures	Date	Tests/Procedures	Date

Following is a description of placement options considered and reasons why those were rejected. ____

____

Following is a list of records (if any) which will be released and to whom:

Record	Person/Agency

It is important that you be aware that you have certain rights regarding the identification, evaluation, and placement of your child. These rights are repeated here. A full explanation of these rights according to State Board regulations is attached.

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.

6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

Since Wyoming law requires that we receive your written consent prior to your child's initial placement in special education, we would appreciate your signing this consent form and returning it as soon as possible. If you have questions, please feel free to contact me.

Name/Title Date

I have received a copy of my child's Individualized Education Plan (IEP) and I understand the described services and recommended placement. I understand that the granting of my consent is voluntary and may be revoked at any time.

I do approve the placement of my child as described in his/her IEP.

Parent/Guardian Date

I do not approve the placement of my child as described in his/her IEP.

Parent/Guardian Date

DEVELOPING IEPs
TOTAL SERVICE PLAN

RESPONSIBILITIES CHECKLIST: Monitoring and Evaluating

Instructions: Write in the name of the person responsible for each task

	Administration	Classroom Teacher	Special Educator	Parent	School Psychologist	Speech Pathologist	Physical Therapist	Occupational Therapist	Physician (report)	Audiologist	Ophthalmologist	Others (specify
1. Periodic checks by members assigned to particular child's placement to track child's progress while in program.												
2. Periodic review of child's objectives and exit criteria and adjustment as necessary according to data received while child is in program.												
3. Feedback to other members.												
4. Summarization of information.												
5. Parental involvement and signed approval												

IEP REVIEW:
ANNUAL REVIEW

HANDOUT 1

School District
Address
City, Wyoming ZIP
(307) Phone

PARENT NOTIFICATION OF CHILD STUDY COMMITTEE MEETING AND PRIOR NOTICE

Date____________________

Dear_________________________:

This letter is to inform you that we will be conducting a placement and progress review of your child_______________(child's full name). At this meeting you will also have an opportunity to participate in the development of an individualized educational plan which will be in effect for the next school year.

This meeting will be held on_____(date) at _____(time) in________ _______________________(location). The following individuals will be in attendance:

_________________________________ ___________________________________

_________________________________ ___________________________________

_________________________________ ___________________________________

If you are unable to attend, please contact us at _________(phone #) by __________(date) in order to plan a time which is mutually convenient. If you have not contacted us by this date it is interpreted that we will proceed with the meeting as planned.

It is also possible that as a result of this meeting your child's educational placement may change. No change, however, will be authorized without your permission. In order to keep you fully informed and involved concerning decisions about your child, federal and state rules and regulations require that parents be informed of the following:

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

Sincerely,

____
Name/Title

IEP REV[illegible]:
ANNUAL REVIEW

HA[illegible]OUT 2 *

TASK: Find out if the student learned everything that was projected to be learned.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
1. Review the goals and objectives in the student's IEP. a. Distribute copies of the student's IEP. b. Briefly discuss the goals and objectives.	Each member of the committee will recall the original objectives and share the same understanding about their meaning.	1. Committee chairperson should have prepared and distributed the IEPs and should lead the discussion. 2. All members should read the objectives and check their meaning against statements made by other committee members.	1. It is wise to remind all of the committee members as the meeting begins that the information discussed and decisions made are confidential, will become part of the student's records and should not be discussed with person's outside the membership of this committee.	1. In all likelihood this will be an easy initial task and everyone will share the same understanding of the IEP objectives. In the event that interpretations of the objectives vary markedly, the student's educational needs establish what the objective should have been. The evaluation should proceed from the newly established understanding. A problem of this sort is a likely indicator of communication problems among the committee members. The chairperson should frequently attempt to paraphrase comments made by members and attempt to draw out persons who tend to remain silent.

*Developed by the Midwest Regional Resource Center, Des Moines, Iowa, 1978

TASK: Find out if the student learned everything that was projected to be learned.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
2. Examine the student's most recent test scores and any other available information on the student's progress. a. Decide which objective to review first. b. Each person who has information relevant to the student's progress on the selected objective should report. c. Decide if the progress of the student was within the limits set by the objective.* d. Repeat a, b, and c for each objective in the IEP.	At the end of this activity each member should be fully aware of all information on the student's progress within the IEP. They also will have an initial idea about the acceptability of that progress.	Committee chairperson's role is primarily to lead the group through the discussion and keep the group on task. Committee members are primarily involved in information-giving at this time. However, at the end of the discussion of each objective it is necessary for all members to come together and decide whether the progress of the student is acceptable.	1. Each member on the committee should be able to give evidence that the method used to test the student's progress was free of cultural and ethnic bias. 2. Before testing was done, the parents should have been informed and have given their consent. Evidence of consent should be entered in the student's folder.	1. The committee chairperson should pay particular attention to information being shared. It is likely that some of it will be inappropriate, in which case the presentation should be interrupted (as tactfully as possible) and the presenter asked to give only appropriate information. Appropriate is defined as: a. Relevant - speaks directly to the objective being considered. b. Valid - the presenter can give evidence that the information is accurate and not likely to be the result of other, uncontrolled factors.

(continued next page)

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* For a more detailed description of how to interpet student performance, see pages of the Resource/Reference manual.

IEP REVIEW: ANNUAL REVIEW

TASK: Find out if the student learned everything that was projected to be learned.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
				c. Factual - the information is free of opinions and conclusions. The committee needs facts, and only facts. 2. The parents may have a considerable amount of vaulable information to offer, too, but it i not as likely to be the result of sophisticated testing. The chairperson should help them, if necessary, to express factual observations they have made that are relevant to the objectives. 3. Observational data can be factual and given by any member of the committee. Care must be taken that subjectiv feelings about the behavior are not reported.

IEP REVIEW:
ANNUAL REVIEW TASK: Find out if the student learned everything that was projected to be learned.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
3. Decide, as a group, whether the overall progress of the student was within the limits set by the IEP. a. Review the educational needs identified in the student's IEP and any information on the priority of each need. b. Compare the student's progress on individual objectives with the educational needs and priorities. c. Decide if the student's progress is within limits set by the IEP.	The committee should arrive at concensus on whether the student's progress, as originally projected in the IEP, is acceptable.	This particular activity is focused on decision making and frequent paraphrasing or perception checks to assure that communication is clear. Committee members will be involved in judging the information presented and coming to agreement with the other members. Therefore, the committee chairperson will need to be more involved in trying to help the committee reach a decision. This will involve leading the group through a clear set of procedures designed to produce a decision.		1. If the student has not been a part of the committee, it may be worthwile considering his/her involvement at this time. 2. When people begin to express opinions and judgments, communication often becomes more difficult. This is due to everyone's personal involvement in the student's progress and a human tendency to generalize the student's progress, or lack of it, to ourselves. If the members practice sound communication techniques, misunderstandings and difficult feelings will be easier to cope with.

IEP REVIEW:
ANNUAL REVIEW

TASK: If progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
1. Examine the methods used to measure the student's progress to assure that they were accurate.	The committee can rule out "inaccurate information" as the reason for the student's apparent lack of progress.	1. The committee chairperson should initiate questioning of each piece of information.		The purpose of these and other activities within the task is not to pinpoint blame on a person. The committee chairperson should take care that the questioning and comments remain in a problem-solving context. The purpose is to eventually determine how the educational services can be altered to meet the student's needs. Problems with personnel are the responsibility of the school administration and should be referred to them.
a. Check to assure that "tests" were given and scored by someone qualified to perform such work.		2. The committee members' primary function is to report on how information was collected. They may also pursue questioning of information.		
b. Check to assure that the conditions under which the measurement was done were appropriate (e.g. the student was healthy, not over-medicated, free of undesired distractions).				
c. Check to assure that the individual test and other measurements are valid means for measuring the objectives.				

TASK: If progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
2. Examine the records of the specific services the student received. a. Check to assure that the student received all of the services called for in the IEP. b. Check to assure that the delivery of the services was at the designated time and for the intended duration. c. Check to assure that the student's program was coordinated so that the individual services didn't interfere with one another or the student's regular program. (continued next page)	The committee can rule out "lack of services" as the apparent cause for the student's lack of progress.	The committee chairperson should ask the school's representative for a report on this area. The school's representative is responsible for monitoring the services to each student and reporting on such to the committee. Other committee members may be called upon for further comment or information and may ask questions as they desire.		It is very likely that the services provided will not be exactly as projected in the IEP. In fact, unforeseeable events will necessitate some deviations from the IEP. The committee's responsibility is to identify significant deviations that could account for the lack of progress.

IEP REVIEW:
ANNUAL REVIEW

TASK: If progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
d. Decide if any of the revealed discrepancies is significant to account for the apparent lack of progress.				

TASK: If progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
3. Determine if the persons working with the student had adequate time, materials, training and communication needed to carry out the plan. a. Ask each committee member to report any difficulties they had or observed in any of the above areas. b. Discuss the individual incidents. c. Decide whether the incident(s) could have enough effect to account for the lack of progress.	The committee will identify any problems in acquiring adequate resources with which to implement services.	The committee chairperson should ask questions necessary to draw out and explore any problems that occurred in this area. The committee members' responsibility is primarily to give information pertaining to problems they experienced. In cases where a member represents others who have also been involved in the provision of the student's education (e.g. a secondary teacher representing several other teachers who also taught the student), they will be responsible for reporting similar information from the teachers he/she represents.		This is another step in which the committee can easily place "blame" for the failure of the student's program on a person. If such begins to occur, direct the committee to focus on the student's program, not on individuals involved in it.

IEP RE W:
ANNUAL
REVIEW

TASK: If the progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
4. Determine if the written IEP reflects the student's educational needs. a. Check the goals and objectives to assure that they adequately encompass and are consistent with all of the student's needs b. Check the educational services prescribed to assure that they can feasibly accomplish the goals and objectives. c. Check the educational methods and materials to assure that they are consistent with the goals and	The committee will be able to identify inadequacies in the IEP which would account for at least part of the student's lack of progress.	The committee chairperson is the leader for this discussion. His role is to promote questioning and critical examination of the IEP. The committee members are "information seekers". Their job is to study each part of the IEP and reveal any pssible faults in its construction.	1. While studying the IEP, the committee members should include in their analysis if the "placement" of the student is in the least restrictive setting that can also provide the services h/she needs. 2. The committee should also look for evidence that the parents agreed to this placement.	With all the recent information available on IEPs, this activity could easily get off-track and lead to discussions of what should or shouldn't be an IEP. The central points to continually stress are: 1. Is this plan consistent with the educational needs of the student? Teachers? 2. Is the plan understood easily and in the same way by everyone, especially the parents? 3. Is there enough information for each person to know what he/she is supposed to do and when?

(continued t page)

IEP REVIEW:
ANNUAL REVIEW

TASK: If the progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
objectives, services to be provided, and the student's learning style.				
d. Check the IEP to assure that adequate information is given to direct the timing and responsibility for the provision of each part of the student's educational program.				
e. Check the IEP to assure that adequate information is given to direct the evaluation of each objective and/or goal.				
f. Check to assure that the entire IEP is completely understood by each person involved with the student.				

IEP RE W:
ANNUAL
REVIEW

TASK: If the progress in any area was less than expected, conduct a review of the services provided.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
5. Determine if the most recent diagnostic/assessment data is a complete and accurate description of the student's learning needs. a. Check the reliability and validity of the assessment. b. Check to see if the assessment results agree with the student's classroom performance. c. Check to see if the assessment adequately responds to the initial referral questions.	The committee will become satisfied that the diagnostic/assessment data contains all the information necessary and that the information is accurate.	1. The committee chairperson should have copies of the diagnostic/assessment data available for the committee's review. 2. The chairperson should have the necessary persons or information available which can attest to the validity and reliability of test results. 3. Each committee member should review the data and ask the questions necessary to assure themselves that the data is accurate. 4. The referring teacher (or other referral) source should compare the assessment results with the initial referral question and submit to the committee his/her level of satisfaction with the results.	1. Any diagnostic finding must be verified by a multiple of assessment devices or procedures. 2. All assessment procedures must be free of cultural and ethnic bias. 3. Testing must have been preceded by permission from the parents to conduct it. 4. All information within the student's file must be accessible to the parents. This includes any and all diagnostic findings.	

IEP REVIEW:
ANNUAL REVIEW

TASK: If the results of the inquiries in the previous task indicate a problem, investigate the problem more fully, and plan remedial action. If the problem is not apparent and student progress remains unacceptable, seek further professional assistance.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
1. Define the problem in more detail. a. Identify the specific educational process(es) that have broken down. b. Identify who is(are) the person(s) primarily affected by the breakdown (other than the student). c. Identify the cause of the problem. d. Establish a goal for the elimination of the problem.	The committee will understand how the educational process broke down and establish a goal for eliminating or working around the breakdown.	1. The committee chairperson should be well versed in group problem-solving procedures. S/he will need this knowledge to facilitate the group's investigation. 2. More than ever, committee members must strive to work as a cohesive group.		1. It is necessary that members do not attempt to lay blame on a person(s). The focus should be maintained on the educational process. 2. Parents sometimes expect professionals to be flawless. In such situations it may be necessary to establish that professionals do disagree, do make errors, and that many variables affect student learning. Further, a more constructive expectation is to deal with these disagreements and errors openly and as objectively as possible.

TASK: If the results of the inquiries in the previous task indicate a problem, investigate the problem more fully, and plan remedial action. If the problem is not apparent and student progress remains unacceptable, seek further professional assistance.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
2. Develop strategies to avoid or reduce the problems next year. a. Establish if the problem is situational and will not be a factor next year. b. Brainstorm strategies and resources which might be applied to problem(s) which are likely to remain. c. Analyze the strategies and resources for their feasibility. d. Identify any significant effect(s) that specific strategies will have on next year's program.	The committee will have specific workable ideas to give to the next year's IEP team on how to avoid the same problems next year.	1. The chairperson will need to continue in his/her role as a facilitator of the group. 2. Individual members will need to continue their effort to remain a cohesive group.		1. Do not try to do "b" and "c" at the same time. Productive brainstorming relies on the fact that members feel their contribution will not be rejected. After all the ideas in "b" are collected, treat them as group property and play down any individual ownership (e.g. "I don't like Sam's idea.").

IEP REVIEW:
ANNUAL
REVIEW

TASK: Considering all the information and decisions made so far, determine what the student should be taught next year.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
1. Develop a list of the major things the student still needs to learn. 2. Decide which items are most important or should be taught first. 3. Combine this list of priority student needs with the information developed earlier in the meeting and submit it to the school administration.	The committee will have a list of items which the student could be taught in the next school year.	1. The committee chairperson should be well versed on techniques for facilitating group decision-making and planning. It is also the chairperson's responsibility in Activity 3 to verbally summarize the committee's findings and initiate a report detailing these. 2. All committee members will need to work within the group to arrive at acceptable group decisions. 3. The parents are the key persons in the long range planning. It is their responsibility to inform the committee of previous planning and to follow-up on future planning needs.		1. The activities of the committee will change in this task from an analytical, problem-solving nature to one that is more involved in making decisions and planning. This change will affect the participation of specific members, particularly parents. The chairperson should be alert to the group's success at these new tasks and provide suggestions, as needed.

FIGURE 14–1 Review Record of Completed IEPs

Yes *No*

____ ____ 1. The IEP was completed within the specified time line.

a. Date of referral ________

b. Date student was determined to be handicapped ________

c. Date of approved IEP ________

____ ____ 2. The IEP committee included all required participants.

a. Name of teacher attending ________________________________

b. Name of individual responsible for providing or supervising special education attending ____________
____

c. Name of evaluator attending ________________________________

d. Name of parent attending ________________________________

e. Other persons attending ________________________________
____
____

____ ____ 3. The IEP included all required components.

Check if included:

a. Present levels of performance ____

b. Annual goals ____

c. Short-term objectives ____

d. Special education and related services ____

e. Extent of participation in regular education program ____

f. Projected date of initiated and anticipated duration of services ____

g. Objective criteria and evaluation procedures ____

____ ____ 4. Services specified on the IEP are being delivered.

a. Services specified ________________________________
____
____

b. Services delivered ________________________________
____
____

____ ____ 5. All follow-up information that parents requested in the IEP conference has been provided to them.

a. Information requested ________________________________
____
____

b. Information provided ________________________________
____
____

____ ____ 6. Evaluation of instructional objectives is being conducted on a periodic basis.

a. Type of evaluation specified ________________________________
____
____

b. Type of evaluation completed ______________________________
____
____

c. Frequency of evaluation ______________________________
____

___ ___ 7. If necessary, the IEP has been revised to specify more appropriately the student's instructional program.

a. Reason for revision ______________________________

b. Nature of revision ______________________________

c. Date of reapproved IEP __________

___ ___ 8. An IEP committee meeting for the purpose of periodic review has been scheduled.

Date of meeting ________

9. Specify obstacles that may have prevented the appropriate development and implementation of the student's IEP. ______________________________
____

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IEP REVIEW CHECKLIST

Directions: Review and revise your instructional plan to make sure it includes the following:

___ 1. Are present levels of functioning specified?

___ 2. Have educational needs been translated into annual goal statements?

___ 3. Are short-term objectives clearly and behaviorally stated and do they include evaluative criteria?

___ 4. Are specific academic strengths incorporated?

___ 5. Are learning strengths incorporated?

___ 6. Are student's interests identified and incorporated?

___ 7. Are the best probable reinforcers identified and incorporated?

___ 8. Is there a choice of instructional materials appropriate to student's:

Age
Sex
Learning Problem
Learning Style

___ 9. Is there a choice of instructional materials suited to student's regular classroom instructional program?

___ 10. Are teaching procedures detailed and clearly understandable?

___ 11. Are systematic progress checks included?

___ 12. Are persons responsible for implementing the plan identified?

(Adapted from Region V Educational Services Center, The Resource Room: An Access to Excellence.)

IEP REVI
ANNUAL REVIEW TASK: Find out if the student learned everything that was projected to be learned.

ACTIVITY	INTENDED RESULT	ROLES	PROCEDURAL SAFEGUARDS	COMMENTS
1. Review the goals and objectives in the student's IEP. a. Distribute copies of the student's IEP. b. Briefly discuss the goals and objectives.	Each member of the committee will recall the original objectives and share the same understanding about their meaning.	1. Committee chairperson should have prepared and distributed the IEPs and should lead the discussion. 2. All members should read the objectives and check their meaning against statements made by other committee members.	1. It is wise to remind all of the committee members as the meeting begins that the information discussed and decisions made are confidential, will become part of the student's records and should not be discussed with person's outside the membership of this committee.	1. In all likelihood this will be an easy initial task and everyone will share the same understanding of the IEP objectives. In the event that interpretations of the objectives vary markedly, the student's educational needs establish what the objective should have been. The evaluation should proceed from the newly established understanding. A problem of this sort is a likely indicator of communication problems among the committee members. The chairperson should frequently attempt to paraphrase comments made by members and attempt to draw out persons who tend to remain silent.

IEP REVIEW:
COMPREHENSIVE RE-ASSESSMENT

IEP REVIEW:

COMPREHENSIVE RE-ASSESSMENT

HANDOUT 1

PROCEDURES FOR COMPREHENSIVE RE-ASSESSMENT OF STUDENT RECEIVING SPECIAL EDUCATION SERVICES

1.0 Notify parents of the intent to re-assess.

2.0 Obtain parental consent.

3.0 Conduct comprehensive multidisciplinary assessments.

4.0 Inform parents of assessment results.

5.0 Determine need and eligibility for special education and related services.

6.0 Invite parents to IEP meeting.

7.0 Conduct IEP meeting.

8.0 Review and update IEP.

9.0 If the student is no longer eligible to receive special education and related services, send written prior notice and obtain written parental consent to terminate special education services.

HANDOUT 2

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR COMPREHENSIVE REASSESSMENT

Dear________________________________,

We would like to inform you that we are planning to conduct a comprehensive reassessment of your child, ____________________, which will help us in his/her educational planning. Reassessment is planned for the following reasons:__________________________________

____

____

The following options were considered and rejected for the reasons specified.__________

____

Following is a description of other factors (if any) which are relevant to the proposed testing.____

____

Testing results will help us in determining your child's educational needs and in planning the most appropriate program. The evaluation procedures and/or tests will include the following:

Intelligence :
Communication:
Physical :
Behavior :
Academic :
Vocational :
Other :

You will be informed regarding the results of the testing. It is important that you are aware that you have certain rights regarding the identification, evaluation, and placement of your child. These rights are repeated here. A full explanation of your rights according to State laws and regulations is attached.

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.
8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

IEP REVIEW:
COMPREHENSIVE RE-ASSESSMENT

Following is a list of records (if any) which will be released and to whom.

Record	Person/Agency

Since State Board regulations require that we receive your written consent before we proceed with comprehensive reassessment, we would appreciate your signing this permission form and returning it as soon as possible. If you have any questions, please feel free to contact me.

Name/Title Date

I understand and agree to the above described individual testing or other evaluation using appropriate assessment instruments. I also understand that the granting of consent is voluntary and may be revoked at any time.

Permission is given to conduct the reassessment as described.

Parent/Guardian Date

Permission is denied to conduct a reassessment.

Parent/Guardian Date

HANDOUT 3

School District
Address
City, Wyoming ZIP
(307) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR TERMINATION OF SPECIAL EDUCATION SERVICES

Dear ________________________,

Following evaluation, it has been found that your child no longer meets the minimum requirements for placement in special education and related services. We will therefore be terminating special education services for your child as of _________________.

The reasons for the proposed actions are as follows: ______________________________

____

____

The evaluation proceedings, tests, records, or reports used as a basis for the proposed action were:

Tests/Procedures	Date	Tests/Procedures	Date

Following is a description of placement options considered and reasons why those were rejected. ____

____

____

Following is a list of records (if any) which will be released and to whom:

Record	Person/Agency

It is important that you be aware that you have certain rights regarding the identification, evaluation, and placement of your child. These rights are repeated here. A full explanation of these rights according to Wyoming laws and regulations is attached.

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.

8. You have the right to have your child educated to the maximum extent appropriate with children of similar age who are not handicapped.

Since State Board regulations require that we receive your written consent before we proceed with termination, we would appreciate your signing this permission form and returning it as soon as possible. If you have any questions, please feel free to contact me.

Name/Title Date

I understand and agree to the above described individual testing or other evaluation using appropriate assessment instruments. I also understand that the granting of consent is voluntary and may be revoked at any time.

Permission is given to terminate services as described.

Parent/Guardian Date

Permission is denied to terminate services.

Parent/Guardian Date

DETERMINING LONG-TERM GOALS FROM ASSESSMENT INFORMATION

This activity has been developed to provide you with an opportunity to practice the skills required to develop long-term goals.

This exercise is somewhat artificial because under actual conditions you will have access to much more detailed assessment information than you have been provided in the exercise. However, the assessment information from which you will develop goals, even though it is rather brief, captures the "essence" of the child's needs.

DIRECTIONS:

1. Working with a partner, read each assessment summary.
2. After reading a summary, discuss the general areas of need which have been suggested by the assessment information.
3. Instead of struggling with the semantics and composition of each goal statement, listen carefully to what your partner has to say. Probably, the long-term goal statement will come out "naturally" in the discussion. For example, one person will say: "Well, reading is definitely a problem." The other will say, "Yes, he definitely needs to improve his word attack skills."
(BINGO! The goal statement is underlined.)
4. Develop goal statements for each of the summaries in this same manner.
5. Don't be concerned about the child's categorical area of exceptionality. In this exercise, the educational needs of the child are the main issue.

CASE #1

A 17 year old 10th grade male.

Reading = 5.1
Math = 6.3
Spelling = 4.2

Uses verbal obscenities and vulgarities towards teachers and peers.

Draws and paints very well.

Excellent mechanical ability (especially with cars.)

Responds negatively or does the opposite when asked to perform an activity by teachers.

Resists learning new skills.

Is often absent and/or truant from school and work-study job.

Alienates peers by teasing, arguing or being cruel.

Long-Term Goals: Case #1

1.

2.

3.

4.

CASE #2

A 13 year old male

WRAT Reading = 1.8
Arith. = 1.5
Spelling = 1.4

Can say all consonant sounds, long and short vowel sounds.

Can read phonetically regular words from flashcards (one and two syllables) at a 30 words/minute correct.

Very slow rate when reading sentences and paragraphs; reads word by word.

Cannot read directions or instructions.

Speaks very rapidly; is difficult to understand.

Uses 2- or 3-word phrases when communicating with others/ does not speak in complete sentence.

Does not write own name.

Can rote count and read numbers to 100.

Adds basic facts (14 correct/minute, 5 errors.)

During independent work periods is on task approximately 35% of the time.

Hits, trips, and makes fun of other classmates (approximately 10 times/day).

Comes to school with dirty hands, face, and hair 100% of the time.

In winter, often comes to school without appropriate protective clothing (warm coat, gloves, boots, hat).

Long-Term Goals: Case #2

1.

2.

3.

4.

CASE #3

An 8 year old 3rd grade female.

WISC-R Full Scale = 136 (V=144, P=130)

Reading = 7-8
Math = 6-9
Spelling = 7-2

Learns rapidly without much rote drill and practice.

Reads books that are 2-3 years in advance of her class.

Asks many questions/is interested in a wide range of subjects, but especially science.

Completes assignments independently while displaying a creative approach to solving problems.

Is polite and courteous with adults.

Initiates few conversations with peers/does not play with classmates during free time or recess activities.

Long-Term Goals: Case #3

1.

2.

3.

4.

ANSWER KEY

DETERMINING LONG-TERM GOALS FROM ASSESSMENT INFORMATION

NOTE: The "answers" listed below for each case the only samples. In other words, there is no one correct set of responses for this activity.

CASE #1

1. Follow teachers' direction
2. Use socially appropriate language in interactions with peers and teachers
3. Increase school and work attendance

CASE #2

1. Increase reading rate
2. Improve oral language and communication skills
3. Increase on-task behavior
4. Improve personal hygiene
5. Improve basic addition and subtraction skills
6. Maintain a clean, neat appearance throughout the day
7. Play and work without disrupting or interfering with peers
8. Decrease aggressive behavior

CASE #3

1. Initiate and complete an independent project in the science area.
2. Participate appropriately with peers in group activities.

ACTIVITY PKG. #2

IDENTIFYING THE PARTS OF INSTRUCTIONAL OBJECTIVES

Directions: In the objectives which follow ....

1. Underline the observable behavior.
2. Double underline the conditions in each objective.
3. (Place parentheses around the criterion.)

EXAMPLE:

Given 25 two-digit addition problems which require carrying, the student will write the answer to each problem (within 5 minutes making no errors on three consecutive days).

1. Given 100 C-V-C words on flashcards, the student will read the words at a rate of 50 correct, no errors per minute on five consecutive trials.
2. Using only one hand, the student will bounce a basketball for 10 seconds without losing control of the ball.
3. Given a worksheet, the student will complete a set of 10 arithmetic problems without getting out of his seat.
4. The student will say /r/ phoneme in conversational speech with 100% accuracy for two consecutive therapy periods.
5. Given three stimulus words, the student will say which words rhyme with 100% accuracy over 5 consecutive trials.
6. The student will tell the time 100% of the time when given a clock set to half hour on 10 consecutive trials.
7. In a counseling situation, the student will describe at least three situations in school that make him angry.
8. The student can put on his shoes and tie the laces within a three minute time limit when shoes are placed on the floor in a random order.

9. The student will tell which happened first when given four incidents from a story previously read 90% of the time.
10. Given a short story containing five sentences, the student will punctuate commas and periods in the story without error.

ANSWER KEY

IDENTIFYING THE PARTS OF INSTRUCTIONAL OBJECTIVES

Directions: In the objectives which follow........

1. Underline the observable behavior.
2. Double underline the conditions in each objective.
3. (Place parentheses around the criterion.)

EXAMPLE:

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1. Given 100 C-V-C words on flashcards, the student will read the words (at a rate of 50 correct, no errors per minute on five consecutive trials.)
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5. Given three stimulus words, the student will say which words rhyme (with 100% accuracy over 5 consecutive trials.)
6. The student will tell the time (100% of the time) when given a clock set to the half hour (on 10 consecutive trials.)
7. In a counseling situation, the student will describe (at least three) situations in school that make him angry.
8. The student can put on his shoes and tie the laces (within a three minute time limit) when shoes are placed on the floor in a random order.

9. The student will tell which happened first when given four incidents from a story previously read (90% of the time.)
10. Given a short story containing five sentences, the student will punctuate commas and periods in the story (without error.)

REPAIRING POORLY WRITTEN SHORT-TERM INSTRUCTIONAL OBJECTIVES

Following are 10 inadequately stated instructional objectives. Working in pairs...

1. Diagnose the problem; i.e., state why the objective is not well-written (e.g., criteria not specified or well-defined, desired performance is unobservable or unmeasureable, not written from learner's point of view, etc.)
2. Repair the objective by re-writing it to include an observable behavior, the condition(s) under which the behavior is to be performed, and the criteria by which the behavior will be assessed.

1. The student understands the concepts, left and right, with 100% accuracy.

DIAGNOSIS: ______________________________

____

REPAIR: ______________________________

____

____

____

2. The student will become competent in basic addition facts.

DIAGNOSIS: ______________________________

____

REPAIR: ______________________________

____

____

____

3. The student will feel a sense of pride in his school work.

DIAGNOSIS: ______________________________

____

REPAIR: ______________________________

____

____

____

4. The student will be taught how to put on his coat correctly and without assistance.

DIAGNOSIS: ______________________________

____

REPAIR: ______________________________

____

____

____

5. The student can read C-V-C words most of the time.

DIAGNOSIS: ______________________________

____

REPAIR: ______________________________

____

____

____

6. The student will demonstrate respect for authority by following classroom rules.

DIAGNOSIS: ______________________________

____

REPAIR: ______________________________

____

____

____

7. The student will answer "thank you" when appropriate.

DIAGNOSIS: ____________________

____

REPAIR: ____________________

____

____

____

8. The student will be able to get along appropriately with her peers.

DIAGNOSIS: ____________________

____

REPAIR: ____________________

____

____

____

9. The student will know how to write his name.

DIAGNOSIS: ____________________

____

REPAIR: ____________________

____

____

____

10. The student will become familiar with the uses of the dictionary.

DIAGNOSIS: ____________________

____

REPAIR: ____________________

____

____

____

ANSWER KEY

REPAIRING POORLY WRITTEN SHORT-TERM INSTRUCTIONAL OBJECTIVES

1. DIAGNOSIS

   Conditions missing
   "Understands" is not observable

   REPAIR

   When asked, the student will raise his left hand on 10 consecutive trials.

2. DIAGNOSIS

   Conditions and criteria are not stated
   "Become competent" is a vaguely stated performance

   REPAIR

   (A variety of correct responses are possible) Given a worksheet of 100 basic addition facts (sums to 10), the student will write the answers at a rate of 50 correct, no errors on 5 consecutive trials.

3. DIAGNOSIS

   Conditions and criteria are missing
   Performance is unobservable

   REPAIR

   When appropriate, the student will volunteer to take his schoolwork home to show his parents at least twice a week.

4. DIAGNOSIS

   "Objective" not stated in terms of the child's behavior

   REPAIR

   Without assistance, the student will put on his coat correctly within 60 seconds on 3 consecutive trials.

5. DIAGOSIS

   Conditions missing
   "Most of the time" is a vague criteria

   REPAIR

   Given 100 flash cards containing C-V-C words, the student will read the words at a rate of 40 correct, 0 errors per minute.

6. DIAGNOSIS

"Demonstrate respect" is not measureable as stated
Criteria and conditions are also missing

REPAIR

During class discussions, the student will raise his hand and be recognized by the teacher before he speaks 100% of the time.

7. DIAGNOSIS

Criteria missing

REPAIR

When appropriate and without prompting, the student will say "thank you" 100% of the time.

8. DIAGNOSIS

Conditions and criteria are missing
"Get along" is not a specific behavior

REPAIR

During free time periods in the classroom, the student will not hit or kick her classmates for 5 consecutive days.

9. DIAGNOSIS

Conditions and criteria are missing
"Knowing how" to do something is very different from actually "doing it."

REPAIR

When told to do so, the student will write his name within 15 seconds (all letters to be formed with correct slant and spacing).

10. DIAGNOSIS

BOO! on "becoming familiar with"!
Conditions and criteria are also missing

REPAIR

Given 10 words from the weekly spelling list, the student will locate them in the dictionary and write their meaning within 20 minutes with 100% accuracy.

TASK ANALYSIS OF A LONG-TERM GOAL (COGNITIVE DOMAIN)

Directions: Break the following goal statement into at least four short-term objectives which lead sequentially to the annual goal. Make sure that you have included the evaluation procedures and criteria for mastery by which attainment of each short-term objective will be measured.

Assume that the student is a 4th grader. The student has mastered basic one-digit and two-digit addition facts -- rate is slow (18 correct/minute) but accurate (no errors). Subtraction of one-digit numbers shows 10 correct/5 errors per minute.

Long-Term Goals:

Subtract two-digit numbers from two-digit numbers (with regrouping).

Short-term Objectives	Evaluation Procedures/ Criteria for Mastery
1. ______________________	______________________
______________________	______________________
______________________	______________________
2. ______________________	______________________
______________________	______________________
______________________	______________________
3. ______________________	______________________
______________________	______________________
______________________	______________________
4. ______________________	______________________
______________________	______________________
______________________	______________________

TASK ANALYSIS OF A LONG-TERM GOAL (AFFECTIVE DOMAIN)

Directions: Break the following goal statement into at least four short-term objectives. Make sure that you have included the evaluation procedures and criteria for mastery by which attainment of each short-term objective will be measured.

Assume that the student is 12 years old and his current performance in this area is as follows: He is in constant motion--shifting his feet, cracking knuckles, and moving his eyes. On-task behavior approximately 25% of the time. Is destructive with his or others' personal property. Verbal or physical aggression toward adults and peers--average of 29 aggressive incidents per week. When given a school assignment that he does not like, he tells the teacher to "go to hell." He has no close friends but seems to "attract" others into rule-breaking behavior, after which he blames them for his troubles.

Long-Term Goals:

Maintain self-control when faced with problems, failures, or disappointments.

Short-term Objectives	Evaluation Procedures/ Criteria for Mastery
1. ______________________	______________________
______________________	______________________
______________________	______________________
2. ______________________	______________________
______________________	______________________
______________________	______________________
3. ______________________	______________________
______________________	______________________
______________________	______________________
4. ______________________	______________________
______________________	______________________
______________________	______________________

TASK ANALYSIS OF A LONG-TERM GOAL (SELF-HELP SKILLS)

Directions: Break the following goal statement into at least four short-term objectives. Make sure that you have included the evaluation procedures and criteria for mastery by which attainment of each short-term objective will be measured.

Assume that the student is an 8 year old girl and her current performance is as follows: Cannot button, snap, or zip clothing. Misaligns buttons and snaps when attempting to dress self. Cooperates passively when being dressed. Can put on socks and shoes on correct feet.

Long-Term Goal:

Can dress self.

Short-term Objectives	Evaluation Procedures/ Criteria for Mastery
1.	
2.	
3.	
4.	

ANSWER KEY

TASK ANALYSIS OF A LONG-TERM GOAL (COGNITIVE DOMAIN)

Short-term Objectives	Evaluation Procedures/ Criteria for Mastery
1. Given 50 2-digit + 2-digit addition problems which require carrying, writes the answers	at a rate of 30 correct, 0 errors per minute.
2. Given 50 one-digit subtraction problems, writes the answers	at a rate of 50 correct, 0 errors per minute.
3. Given 50 2-digit minus 1-digit subtraction problems, writes the answers	at a rate of 30 correct, 0 errors per minute.
4. Given 50 2-digit minus 2-digit numbers (without regrouping), writes the answers	at a rate of 30 correct, 0 errors per minute.
5. Given 50 2-digit minus 2-digit subtraction problems requiring regrouping, writes the answers	at a rate of 25 correct, 0 errors per minute.

ANSWER KEY

TASK ANALYSIS OF A LONG-TERM GOAL (AFFECTIVE DOMAIN)

Short-term Objectives	Evaluation Procedures/ Criteria for Mastery
1. During the school day, will interact appropriately with adults and peers	with no more than 5 verbal or physical aggressive behaviors per week.
2. When given a school assignment, will begin the task	without negative/defiant comments 100% of the time
3. When the teacher is in another part of the room helping another student, will complete a 10 minute task	on 5 consecutive trials.
4. When given a hypothetical situation in which a student is criticized for poor behavior, will provide an acceptable alternative response.	Response should not contain reference to aggressive or defiant behaviors.

ANSWER KEY

TASK ANALYSIS OF A LONG-TERM GOAL (SELF-HELP SKILLS)

Short-term Objectives	Evaluation Procedures/ Criteria for Mastery
1. Without assistance, pulls pants up completely from floor to waist	within 10 seconds on 5 consecutive trials.
2. Without assistance, fastens front-opened clothing (buttons or snaps)	within 30 seconds on 5 consecutive trials; correct alignment.
3. Without assistance, puts 2-piece zipper together and zips up	within 10 seconds on 5 consecutive trials.
4. Without assistance, tucks in blouse or other front opened clothing	within 20 seconds on 5 consecutive trials.